#### AFFIDAVIT OF JACKIE SAMPLE

I, JACKIE SAMPLE, being duly sworn, hereby depose and state the following:

#### 1. PARTIES INVOLVED:

This matter involves multiple defendants, including Dr. Madison Sample, attorneys John Conniff, Meighan Harmon, Tracey Wertz, Matthew Elster, Kathryn Mickelson Homburger, and Ashonta Rice, as well as law firms John Conniff Law Office, Schiller, DuCanto & Fleck LLP, Beermann LLP, and Akiwowo Law Group, P.C. Additional defendants include Andrew Cores Law Group, DuPage County Courthouse, Judge Kenton Skarin, Judge James Orel, and Attorney Masah Samforay.

### 2. ALLEGATIONS OF MISCONDUCT:

Upon information and belief, the defendants have engaged in collusion, legal malpractice, negligence, and breaches of fiduciary duty, resulting in severe harm to me. Specific actions include:

- Missing critical deadlines.
- ° Failing to investigate and mishandling my case.
- Neglecting to disclose conflicts of interest.
- Filing and failing to correct falsified statements.
- Altering court orders and filing fraudulent documents and more.

## 3. IMPACT OF DEFENDANTS' ACTIONS:

These actions have caused:

- Significant financial losses, including allowing **Dr. Madison Sample** to dissipate marital assets and flee the jurisdiction with my share.
- Emotional and psychological trauma, including isolation, deprivation of basic needs, and fear of retaliation in court and more.
- Ongoing discrimination, bias, and systemic inequalities rooted in racism and sexism, further denying me fair representation, due process, justice and more.

### 4. FINANCIAL MISCONDUCT BY DR. MADISON SAMPLE:

Dr. Sample has unilaterally seized control of over \$5 million in digital currency, now valued at over \$15 million, and concealed business interests such as involvement with Careskore, a company reporting substantial revenue. Despite clear evidence, court orders have not been enforced and more.

## 5. COLLUSION AND INTIMIDATION:

Defendants, including attorneys and judges, have engaged in coercive control, harassment, and financial abuse to coerce me into accepting an unjust settlement. Judicial misconduct has included ignoring critical filings and using intimidation tactics, such as threats of incarceration and more.

## 6. HARM TO PERSONAL WELL-BEING:

As a result of the defendants' actions, I have been denied:

- Access to medical care, prescriptions, and basic needs like food and utilities.
- The ability to practice my faith and maintain ties with my family.
- The stability and security of my home, now at risk of foreclosure and more.

## 7. JUDICIAL MISCONDUCT:

Judges **Kenton Skarin** and **James Orel** have failed to enforce court orders, allowing further financial and emotional harm. Judge Orel, in particular, advised inappropriate legal actions against me, demonstrating abuse of judicial authority and more.

## 8. **RELIEF REQUESTED:**

I respectfully ask this Court to recognize the abomination of the Defendants legal malpractices and the gravity of these injustices and grant:

- Compensatory Damages for financial losses and medical expenses.
- Emotional Distress Damages for psychological trauma.
- Punitive Damages to deter future misconduct.
- A total of \$50,000,000 from **Dr. Madison Sample** and \$25,000,000 from each named defendant and any other financial relief for damages allowed under the legal system.

The defendants' calculated and depraved actions have caused profound and irreparable harm, violating my civil, constitutional, and human rights. Justice must prevail to restore dignity and prevent further injustice.

Jackie Sample	
Sworn to and subscribed before me this	
NOTARY SEAL	
SIGNATURE OF NOTARY DURI IC	

# **EXHIBIT G:**

# THE STRANGER/ INTIMIDATOR VIDEO THUMB DRIVE

RE: The Intimidator

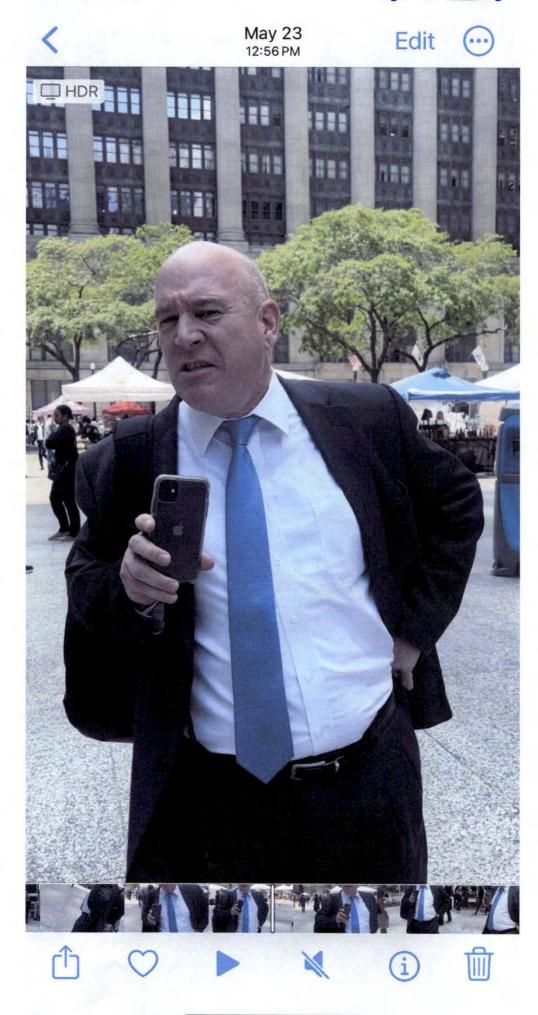
On May 23, 2024, a strange man accosted me on the street. He stated that the judge wants my house sold and ordered me to sell it.

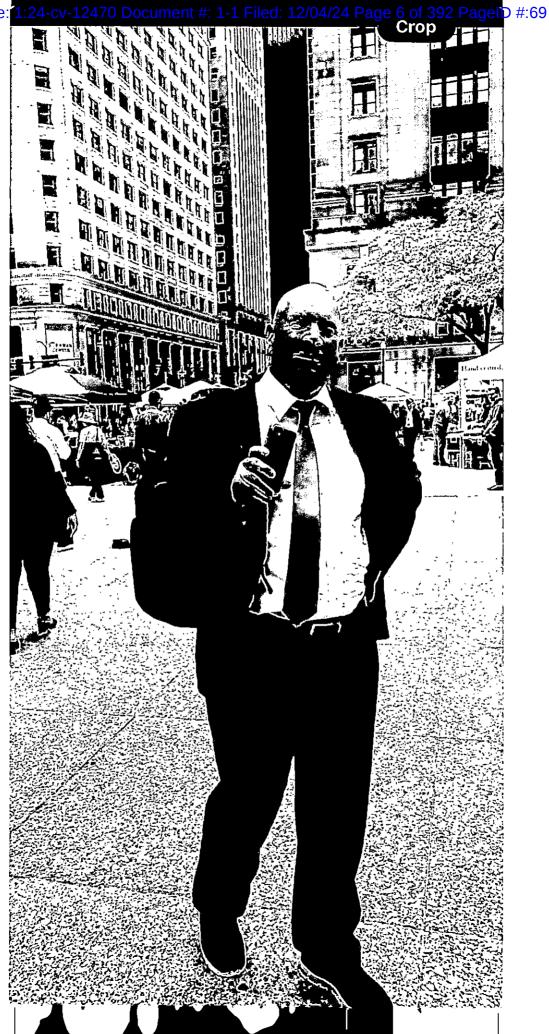
He recording me with his phone, repeatedly saying my first and last name, even saying where I live.

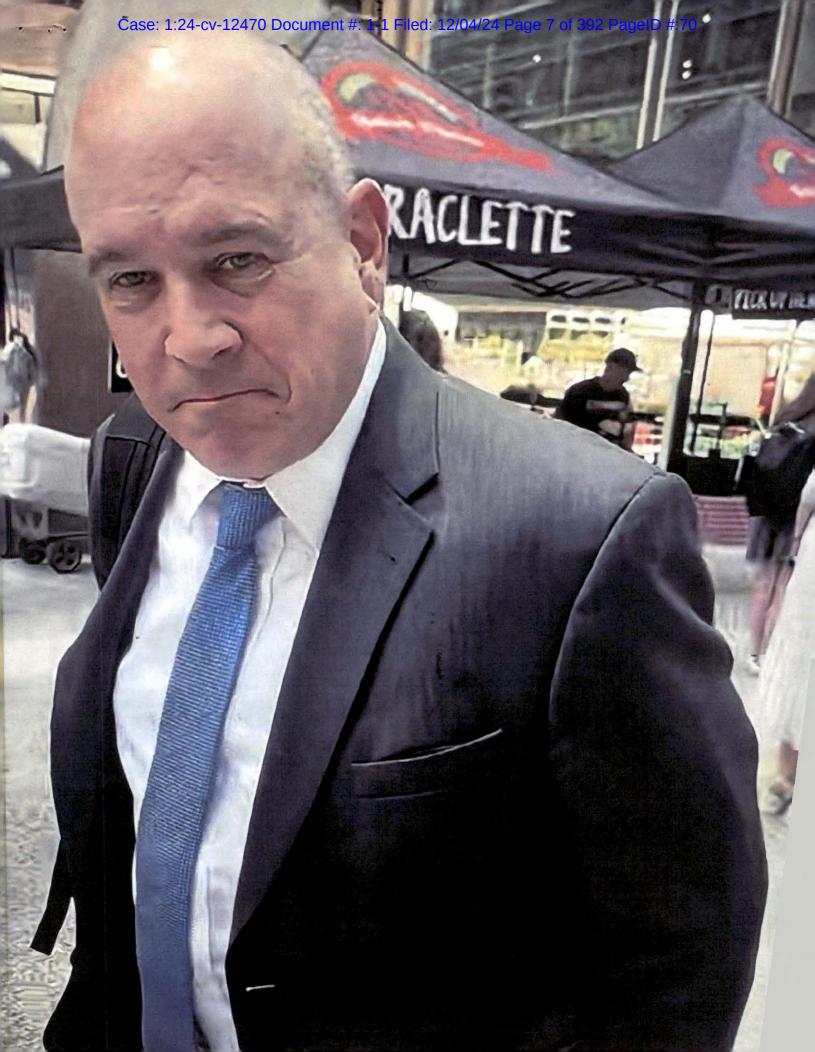
I took out my phone and he rushed away. I caught up and recorded him back.

He stated that he wanted some of the equity in my home.

Jackie Sample.







## **EXHIBIT: 1**

## SALON 119 & SPA CERTIFICATES



## CERTIFICATE OF MEMBERSHIP

This Is To Certify That

## Salon 119 & Spa

Is a Classic member in good standing of the

## CHATHAM BUSINESS ASSOCIATION, SMALL BUSINESS DEVELOPMENT, INC.

And is entitled to all rights and privileges of membership In witness whereof, we hereby subscribe our signature

William Garth, Chairman

Marino Orlandi, President

Member through 2014

# CERTIFICATE OF RECOGNITION

Thank You For Your Selfless Dedication to

Fenger High School Students during the years 2010, 2011, 2012, 2013, and 2014

May It be known by all who Reads this that a Certificate of Appreciation has been presented

 $\operatorname{To}$ 

## Jackie Johnson-Sample

For Salon Services and Contributions
In Conjunction with
Carrie's Closet Sponsorship

Fenger High School Prom Extravaganza

Alderman Carrie M. Austin

( Arrel M. Cluster

34<sup>th</sup> Democratic Ward Organization

Presented this 5th Day of Jun 2014

# EXHITBIT: 2

\$200,000 NOF GRANT BUILDERS CONTRACT

TEXT MESSAGES ACKNOWLEDGING PAYMENT OWED TO JACK;'S HOUSING AND DEVELOPMENT FOR BUILDING MARITAL HOME



## OFFICE OF THE MAYOR

CITY OF CHICAGO

RAHM EMANUEL MAYOR

March 6, 2018

Dear Jackie,

On behalf of the City of Chicago, I am very happy to inform you of your selection to receive a grant from the Neighborhood Opportunity Fund.

The Neighborhood Opportunity Fund was designed to turn downtown development into new funds to support our neighborhood commercial corridors on the South, Southwest and West sides and to build community wealth in supporting local entrepreneurs and local hiring. I have always believed that when our neighborhoods and the businesses within them thrive, the whole city will thrive—and LeKula Café will bring exciting new opportunities to the community.

You are part of the second round of Neighborhood Opportunity Fund recipients it is my hope and belief that your business will serve as a cornerstone and will help others build on your success.

This program would not be possible without entrepreneurs like you contributing the time, energy and commitment to help every neighborhood thrive. I hope that by leveraging the resources from this grant, you will be able to turn your idea into a reality that everyone in our city can enjoy.

Again, congratulations on your selection, and thank you for your commitment to Chicago's future. I cannot wait to see you succeed further.

Sincerely, Kal Emanuel

Mayor

## BUILDING CONTRACT BETWEEN OWNER AND GENERAL CONTRACTOR

#### **NEW CONSTRUCTION AT:**

## 9476 Falling Water Drive Burr Ridge, Illinois

OWNER: Madison Sample, Jr.

9476 Falling Water Drive Burr Ridge, Illinois 60527

(847) 873-3241

LENDER: Huntington National Bank

**CONTRACTOR:** Jack's Housing & Development

9624 S. Cicero

Oak Lawn Illinois 60453

(773) 719-0337

1. CONSTRUCTION OF HOME. Contractor agrees to supervise and direct the Work (as hereinafter defined) using Contractor's best skill and attention. The Contractor shall be solely responsible for and have control over construction means, methods, techniques, sequences, and procedures, and for coordinating all portions of the Work. The term, "Work" means the construction and services required by the Plans (as hereinafter defined), including but not limited to all labor, materials, equipment, and services needed in order to fulfill Contractor's obligations hereunder with respect to construction of a new home ("Home") on Owner's property commonly known as 9476 Falling Water Dr. East, Burr Ridge, Illinois 60527 ("Premises" or "Property") and legally described as set forth on the following (such construction of the home to be hereinafter referred to as the "Project").

This Building Contract ("Contract") is dated March 1, 2019.

4. MORTGAGE. In the event Owner requires financing as above provided, Owner agrees to execute any and all documents necessary and perform such acts as necessary for the issuance of a first mortgage loan commitment on the Premises described herein, in the form required by the

The Plans are dated January 31, 2018 (identified as Plan # 371732) and were prepared by John S. Gross Architects, P.C. ("Architect") and approved by the Village of Burr Ridge. The Plans are attached to this Contract as Attachment "A" and are incorporated herein by reference.

This Contract and the Plans and are hereinafter collectively referred to as the "Contract Documents"). In the event of any conflict between any of the Contract Documents, this Contract shall govern.

2. PRICE AND TERMS. The total "Contract Price" for the Work shall be a fixed price, subject to any Change Orders requested by Owner in writing, equal to (20%) percent of the cost of the project (as set forth in writing by the subcontractors performing the same and approved in writing by Owner in advance); provided, however, that any portion of the Work performed by Contractor (or at Contractor's direction) in connection with a separate contract or agreement with Owner, as well as the cost of any materials purchased directly by Owner in connection with the Work, shall not be included in the "cost of the Entire Project" for purposes of determining the Contract Price. The cost of the project is estimated to be \$1,529,821.

All of said payments to be made and funded through a Construction Escrow to be established by Owner with Chicago Title Insurance Company.

Contractor shall, within thirty (30) days of commencing the Project, prepare and submit to Owner a construction schedule for the Work, and a list of subcontractors and material suppliers that Contractor anticipates using for the Project. Contractor shall update said schedule in writing and provide such updates to Owner every 30 days thereafter.

#### 3. PAYMENT PROCEDURES

3.1. Owner shall establish a Construction Escrow ("Escrow") with the title company of Owner's choice. The Escrow shall be used to fund all payments made to Contractor as well as all subcontractors and material suppliers disclosed on Contractor's sworn statement (as approved by Owner in Owner's sole discretion in advance of funding). Periodic funding through the Escrow shall occur as construction costs are incurred from time to time, with such payouts and the schedule thereof to be approved by Owner and Owner's lender. Contractor as well as all subcontractors and material suppliers must tender such lien waiver(s) and other documentation as the escrowee ("Escrowee") of the Escrow requires in advance of payment. The Owner shall be responsible for all Escrow costs. Such payments shall only be funded to the Escrow within 10 days after (but no more often than once every calendar month): (1) Owner's receipt of a written payment request from Contractor; (2) verification by Architect and/or Lender's inspector, if any, of proper completion of the Work performed in connection with said payment request; (3) approval of the Work by any applicable Village of Burr Ridge inspector, if any; and (4) receipt by Escrowee a duly executed partial or final waiver(s) of lien as the case may be from Contractor and any subcontractors and material suppliers as applicable, including any other documentation required by Escrowee.

- 4. MORTGAGE. In the event Owner requires financing as above provided, Owner agrees to execute any and all documents necessary and perform such acts as necessary for the issuance of a first mortgage loan commitment on the Premises described herein, in the form required by the lender, together with all instruments which reasonably may be required to complete and make the loan. All charges of the mortgage lender and other costs or fees of such mortgage loan, and the closing of the same including but not limited to points, lenders escrow charges, escrow deposits, inspection fees, appraisals, holdbacks, recording charges, and customary title charges for mortgagee's title insurance and any endorsement thereto, shall be borne by the Owner.
- 5. CONTRACTOR'S REPRESENTATION. In order to induce Owner to enter into this Contract, Contractor makes the following representation: Contractor has familiarized itself with the nature and extent of the Contract Documents, Work site, locality, and all local conditions and laws and regulations that in any manner may affect cost, progress, performance or furnishing of the Work. Contractor is duly licensed to perform the Work as required by local laws and regulations. Contractor represents that Contractor shall use its best efforts to ensure that all Work shall comply with and adhere to the Plans, current local building codes, and current local ordinances. Written notice of any deviation there from shall be immediately given to Owner and Owner's representatives, and rectified within a reasonable time frame as agreed to by all parties.

Contractor represents that it shall require all subcontractors to comply fully, at each subcontractor's own expense, with all laws, ordinances, regulations, rules, orders and citations applicable to all Subcontractors, accident prevention, safety equipment and practices prescribed by the Occupational Safety and Health Act of 1970 (Public Law 91-596), and Construction Safety Act (Public Law 91-54), as the same may from time to time be amended, implemented, or succeeded, and the Civil Rights Act of 1970 as amended, as the same may be further amended, implemented or succeeded, including rules and regulations promulgated thereunder and including Executive order 11246 and any successor executive Order modifying or superseding that Order.

6. CONSTRUCTION. Contractor agrees that it will construct the Project in accord with the plans and specifications for the same referred to above and form an integral part of this Contract. Construction shall begin within 30 days of the execution of this Building Contract. Contractor agrees to complete the construction of said Project in no event later than January 1, 2022. The construction work will be performed in good and workmanlike manner. Contractor shall supervise and direct the Work using Contractor's best skill and attention.

Contractor shall not and has no right to substitute or change materials or brand names to those of similar or better quality, utility or color, without the Owner's written consent. Contractor also shall not and has no right to make such changes in construction as may be required by material shortages, strikes, stoppages, labor difficulties or such emergency situation as may, in Contractor's judgment, require the same, without the Owner's written Consent.

The OWNER retains the right to use any subcontractor and/or material supplier of its own choosing and to perform construction related to the Project with such subcontractors and material suppliers.

- 4. MORTGAGE. In the event Owner requires financing as above provided, Owner agrees to execute any and all documents necessary and perform such acts as necessary for the issuance of a first mortgage loan commitment on the Premises described herein, in the form required by the lender, together with all instruments which reasonably may be required to complete and make the loan. All charges of the mortgage lender and other costs or fees of such mortgage loan, and the closing of the same including but not limited to points, lenders escrow charges, escrow deposits, inspection fees, appraisals, holdbacks, recording charges, and customary title charges for mortgagee's title insurance and any endorsement thereto, shall be borne by the Owner.
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The OWNER retains the right to use any subcontractor and/or material supplier of its own choosing and to perform construction related to the Project with such subcontractors and material suppliers.

The Owner may employ other contractors to perform services not related directly to the Work set forth herein. The Owner's contractors are required to coordinate their Work or any work they perform, which is directly related to the Contractor's Work directly with the Contractor. The Contractor shall, in accordance with the requirements of the Owner, and at no additional cost, liaise with, cooperate with, coordinate with and afford all reasonable opportunities for carrying out their work to any other contractors/material vendors on the Premises engaged by the Owner and their workmen and the workmen of the Owner. An interior decorator is by definition an Owner contractor.

In the event any cost caused by defective or ill-timed work occurs, the cost shall be borne by the Owner solely-

Owner shall be responsible for any additional cost approved by Owner incurred in the construction process due to any deficiencies in the load bearing capacity of the soil/ground on which the proposed improvements are to be located.

If Contractor fails to correct Work which is not in accordance with the Plans, then Owner may direct Contractor to stop the Work until the correction is made. If Contractor defaults or neglects to carry out the Work in accordance with the Plans and the Contract Documents, and fails within a seven-day period after receipt of written notice from Owner to commence and continue correction of such default or neglect with diligence and promptness, then Owner may, as its sole and exclusive remedy, correct such deficiencies and use any payment or portion thereof otherwise due to Contractor to reimburse Owner for the cost of correction.

- 7. OCCUPANCY. During building construction and prior to final payment, Owner shall have unlimited access to the property. Owner retains sole control and exclusive possession of the Premises. With Owner's written permission obtained in advance, Contractor may maintain on the subject Premises all advertising signs, banners, if any, and lighting in connection with the Property, together with right of ingress and egress and the use of the common elements therefore as may be necessary for the above, subject to signage, etc. complying with local ordinances.
- 8. DEFAULTS. Owner's failure to perform as provided hereunder shall be a default by Owner. Without limiting the generality of the foregoing, Owner's failure to make any payments herein provided for within thirty (30) days after payment is due failure or refusal to carry out any other material obligation of the Owner under the terms of this Contract or Owners failure to apply for a mortgage as provided herein or furnish to mortgagee all requested credit information and to sign customary papers relating to the application and securing of a mortgage commitment pursuant to paragraph 4 shall be a default by Owner.

If the Contractor breaches the Contract or defaults hereunder in any way and fails to cure the same within fourteen (14) days of receipt of written notice thereof from Owner, then the Owner's sole and exclusive remedy hereunder shall be to terminate the Contract, whereupon Contractor shall automatically be released from any and all liability and obligation with respect thereto, and in this case the Owner may employ any other contractor to complete the Work utilizing so much of the Contractor's equipment, temporary works and materials as appropriate.

9. WARRANTY. Contractor does <u>NOT</u> warrant the workmanship and material used in construction of the Home in any way including but not limited to providing a warranty against defects arising out of faulty workmanship or material.

NO REPRESENTATIONS, WARRANTIES, UNDERTAKINGS OR PROMISES OTHER THAN THOSE EXPRESSED HEREIN, WHETHER ORAL, IMPLIED OR OTHERWISE SHALL BE CONSIDERED A PART OF THIS TRANSACTION UNLESS THEY ARE IN WRITING AND SIGNED BY CONTRACTOR.

EXCEPT AS EXPRESSLY SET FORTH HEREIN, CONTRACTOR HEREBY EXCLUDES AND DISCLAIMS ANY AND ALL OTHER WARRANTIES, WHETHER EXPRESS OR IMPLIED, INCLUDING BY WAY OF EXAMPLE AND NOT LIMITATION, ALL WARRANTIES OF HABITABILITY, FITNESS FOR PARTICULAR PURPOSE AND MERCHANTABILITY.

THE LIMITED WARRANTIES CONTAINED HEREIN SHALL BE IN LIEU OF ANY OTHER WARRANTY WHETHER EXPRESSED OR IMPLIED, PROVIDED THAT IN THE EVENT ANY ITEM WARRANTED HEREIN IS DEEMED TO BE A CONSUMER PRODUCT UNDER THE WARRANTY-FEDERAL TRADE COMMISSION IMPROVEMENT ACT, THEN AND ONLY IN THAT EVENT, THE DISCLAIMER OF IMPLIED WARRANTY AS TO ANY SUCH ITEM SHALL COMMENCE FROM AND AFTER THE EXPIRATION OF THE EXPRESS WARRANTIES SET FORTH HEREIN.

OWNER FURTHER ACKNOWLEDGES THAT OWNER'S ACCEPTANCE OF CONTRACTOR'S DISCLAIMER OF WARRANTIES IS AN ESSENTIAL TERM OF THIS CONTRACT IN THE ABSENCE OF WHICH CONTRACTOR WOULD NOT EXECUTE THIS CONTRACT.

**OWNER** 

10. OFFER. If Owner shall execute and deliver this Contract to Contractor, then this Contract shall be considered an irrevocable Offer by Owner which shall remain open for a period of five (5) days, and may be accepted by Contractor and executed at any time during said period. Upon execution by Contractor, an executed copy of this Contract shall be sent to Owner. In the absence of Owner's receipt of a Contract signed by Contractor within 48 hours of Contractor's receipt of this Contract signed by Owner, then the Offer shall be considered rejected and all funds deposited by Owner shall be returned to Owner without further action or notice required by Owner. Under no circumstances shall Contractor's silence or failure to respond to Owners offer be deemed an acceptance of Owner's Offer.

11. NOTICES AND DEMANDS. All notices and demands required shall be made in writing and the mailing of notice by first-class mail to the Contractor or Owner as the case may be, at the addresses given in this Contract or to their attorneys as identified on page 1 (such notice given to

either party's respective attorney shall be sufficient notice for all purposes hereunder.) Said notice shall be deemed to be given three (3) business days immediately following the date of mailing. Notice by facsimile or email shall be deemed acceptable and delivered on the day following the date of transmission. Time is of the essence of this Contract. The words "date hereof" shall mean date of acceptance of this Contract.

- 12. NO ASSIGNMENT. Owner and Contractor shall not transfer or assign this Contract or any interest herein without the express written consent of the other party hereto.
- 13. ATTORNEYS' APPROVAL. The parties agree that they have sought the advice of legal counsel regarding the Contract, and that their respective attorneys may approve and make modifications, other than the purchase price, mutually acceptable to the parties, within five (5) business days after the Contractor's acceptance of the Contract. If the parties do not agree to such modifications and written notice thereof is given to the other party within the time specified, then this Contract shall become null and void, and all monies paid by the Owner shall be refunded. IN THE ABSENCE OF WRITTEN NOTICE WITHIN THE TIME SPECIFIED HEREIN, THIS PROVISION SHALL BE DEEMED WAIVED BY ALL PARTIES HERETO AND THIS CONTRACT SHALL BE IN FULL FORCE AND EFFECT.
- 14. RESPONSIBILITY FOR WORK. Contractor shall be responsible only for its own work, property and/or materials until completion and final acceptance of the Work by Owner. In the event of loss or damage, Contractor shall proceed promptly to make repairs to or replace the damaged work, property and/or materials as directed by Owner. Should Owner receive a fine or other penalty from OSHA or other governmental entity due to Contractor's failure to adhere to any OSHA rules or other governmental-regulations, then Owner may deduct the amount of such fine or other penalty from any payment due and owing Contractor and tender the same to such governmental entity. The OWNER shall deduct further payments to Contractor if the Project delivery date is after March 1, 2022. This will be on a prorated basis at \$12,000 per month assuming 30 days in each month. Owner may deduct this amount from further payments due Contractor. All outstanding payments to be made from OWNER to Contractor upon home sale completion less any deductions per this Contract.
- 15. CLEANING UP. Contractor shall require all subcontractors to keep the subject premises and surrounding area free from accumulation of debris and trash related to the Work, and to properly dispose of waste materials in a roll-off waste container provided by Owner.
- 16. TERMINATION FOR CONVENIENCE. Either Owner or Contractor may, at any time, terminate this Contract for convenience and without cause. Contractor shall be entitled to receive payment for Work performed and approved by Architect.
- 17. ADDITIONAL TERMS AND CONDITIONS. There are no agreements, promises, or understanding between the parties except as specifically set forth in this Contract, which may include an attached Rider. No alterations or changes shall be made to this Contract unless the

same are in writing and signed or initialed by the parties hereto. This Contract shall be construed under the laws of the State of Illinois.

Dated this 1st day of March 2019.

**GENERAL CONTRACTOR:** 

Jacks Housing and Development

Jackie Sample Its: President OWNER:

Jackie Sample

Madison Sample Jr

		i	
	1	Α.	Yes.
<u>.</u>	2	Q.	When were you and Ms. Sample married?
	3	Α.	December 2013.
	4	Q.	And did you and Ms. Sample acquire real
	5	estate dur	ing your marriage?
	6	Α.	Yes, we did.
	7	Q.	What's the address of that real estate?
	8	Α.	9476 Falling Water Drive East, Burr Ridge,
	9	Illinois,	
11:26AM	10	Q.	Is that a single family home?
	11	Α.	Yes, it is.
pin ,	12	Q,	Can you generally describe it to the court?
$\smile$	13	Α.	It's a new construction. There's six
	14	bedrooms,	five bathrooms, about 7500 square feet.
,	15	Q.	How much did you and Ms. Sample pay for the
	16	Falling Wa	ters residence?
	17	Α.	2.6 million dollars.
	18	Q.	Is the residence encumbered by a mortgage?
	19	Α.	Yes, it is.
11:0606	20	Q.	What is the balance of that mortgage?
	21	Α.	The balance is approximately 1.5 million
	22	dollars.	
	23	Q.	Do you know the interest rate?
	24	Α.	3.375.







Madison Sample

Inflation went \*UP\* from 8.3 to 8.6%

I don't know how we will survive separately -food costs will skyrocket

- -natural gas to heat our homes in winter
- -auto gas may double from
- -how will you survive
- -how will I pay you what I said I would for finishing house
- -how will I survive going part time although mentally I have no other option.
- -how will I pay my mortgage
- -how will you find money for LeKula by yourself. We be hard even with me in my current state.











will lose money on a great 2. Don't fight the market. You trends. You will lose 1. Don't fight big geopolitical SI expert. What I have learned

the latest fad, system or

əsnoy

Sheiba

OK

15:28

during my life running toward

I have lost 1/4 million dollars

Made enough to pay off his

Done

Aadison Sample

Photo

# EXHIBIT: 3

## MARRIAGE CERTIFICATE

## **CERTIFICATION OF MARRIAGE**

LICENSE NUMBER: M201711833-0

**BETWEEN** 

GROOM'S NAME: MADISON SAMPLE, JR.

AGE: 51

AND

BRIDE'S NAME: JACKIE L. JOHNSON

AGE: 47

ON

DATE OF MARRIAGE: JUNE 3, 2017

WERE UNITED IN MARRIAGE IN THE COUNTY OF COOK, AND STATE OF ILLINOIS
IN A RELIGIOUS CEREMONY

BY

NAME: DANIEL WILLIS

OFFICIANT TITLE: MINISTER

AT

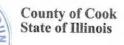
CITY OF CEREMONY: ALSIP, ILLINOIS

DATE RECORDED: JUNE 8, 2017 APPLICATION DATE: MAY 10, 2017

This is to certify that this is a true and correct abstract from the official record filed with the office of the Cook County Clerk.

6/10/2022 15:35

7365611



Office of County Clerk Karen A. Yarbrough KABEN A. YABBROUGH COOK COUNTY CLERK

SEAL COOL SEAL CONTINUES OF THE SEAL CONTINU

This copy is not valid unless displaying embossed seals of Cook County and County Clerk signature.

## CERTIFICATION OF CIVIL UNION

LICENSE NUMBER: C201300861-0

BETWEEN

PARTNER A'S NAME: MADISON SAMPLE, JR.

AGE: 48

AND

PARTNER B'S NAME: JACKIE L. JOHNSON

AGE: 43

ON

DATE OF CIVIL UNION: DECEMBER 7, 2013

WERE UNITED IN A CIVIL UNION IN THE COUNTY OF COOK, AND STATE OF ILLINOIS
IN A RELIGIOUS CEREMONY

BY

NAME: DANIEL WILLIS

OFFICIANT TITLE: SENIOR PASTOR

AT

CITY OF CEREMONY: ALSIP, ILLINOIS

DATE RECORDED: **DECEMBER 12, 2013**APPLICATION DATE: **DECEMBER 5, 2013** 

This is to certify that this is a true and correct abstract from the official record filed with the office of the Cook County Clerk.

1/17/2014 13:48

2939856



County of Cook State of Illinois Office of County Clerk David Orr





This copy is not valid unless displaying embossed seals of Cook County and County Clerk signature.

# **EXHITBIT: 4**

CLOSED ACCOUNTS BY MADISON SAMPLE

APRIL 11, 2023 COURT ORDER PROHIBITING SUCH ACTIONS

PARTIAL INCOME TAX RETURNS

BANK OF AMERICA PO BOX 25118 TAMPA, FL 33622-5118

MADISON SAMPLE JACKIE L JOHNSON-SAMPLE 9476 FALLING WATERS OR E BURR RIDGE IL 60527-0723

Case Number 231007N5001620 Account ending in: 1808 Date October 10, 2023 Account information bankofamerica.com

We're confirming details about your account(s).

What you need to know

Your account(s) ending in 1808 was opened on September 19, 2022. Your account(s) ending in 1808 was closed on June 7, 2023, with a zero balance.

Account alone.

Account name alone.



MADISON SAMPLE JR JACKIE L JOHNSON-SAMPLE 9476 FALLING WATERS DR E BURR RIDGE IL 60527-0723

Case Number 231007NS001620 Account ending in: 8792 Date October 10, 2023 Account Information bankofamerica.com

We're confirming details about your account(s).

What you need to know

Your account(s) ending in 8792 was opened on February 23, 2018. Your account(s) ending in 8792 was closed on March 30, 2023, with a zero balance.

Thank you for banking with us.

Account closed by DR Sample, New one ofenced in his name alone.



BERNSTEIN AND REIKES CORP 9476 FALLING WATERS DR BURR RIDGE IL 60527 Case Number 231007NS001624
Account ending in: 2396
Date October 10, 2023
Account information
bankofamerica.com

We're confirming details about your account(s).

What you need to know

Your account(s) ending in 2396 was opened on March 12, 2015. Your account(s) ending in 2396 was closed on July 24, 2023, with a zero balance.

Thank you for banking with us.

Account closed by DR. Sample New one offened in his name alone.

MB 01 020629 41855 B 59 A

MADISON SAMPLE JR & JACKIE JOHNSON SAMPLE JT TEN 9476 FALLING WATERS DR E WILLOWBROOK, IL 60527

Questions: 1-877-742-9488

Clients calling from outside the U.S.:

+1-415-667-8400

Clients of Charles Schwab, Hong Kong,

Ltd.: +852-2101-0500

արկինիչիչերը [[ըլ]ինիմին[իլին]ինիմ[[իլին]ինին [իլինիին]

March 28, 2024

Account(s) ending: 532

#### Confirmation: We've moved funds as requested.

We're writing to let you know that we've received and processed an authorization to move money out of the account noted above. We've transferred these funds as described below.

Your next steps.

Please review the information that follows to make sure it's correct. If you notice any errors, would like to obtain a copy of the signed authorization, or have eny questions about the authorization for this transaction, please call us immediately at one of the numbers above.

## Transfer(s) to Schwab accounts of third parties

To account ending in:

105

Account name:

MADISON SAMPLE JR

#### Cash transfer amount requested:

\$0.02

Thank you for the opportunity to serve you. If you have any questions or need assistance, please call us at one of the numbers above. If you're a client of an independent investment advisor, please call your advisor directly, or call Schwab Alliance at 1-800-515-2157.

Please note that the transaction amounts above do not reflect transaction fees.

Please note that this letter applies only to the account noted above.

Independent investment advisors are not owned by, affiliated with, or supervised by Charles Schwab & Co., Inc. ("Schwab").



(iTrust Custodial Services is Non-ACAT eligible)

Count	Holder Informatio	<u> </u>				
Full Name	Full Name Madison Sample Jr  Address 9476 Falling Water East			For Internal Use Only		
Address				iTrust Custodial Account # ITR2048989		
City	Burr Ridge	State IL Zi	60527	iTrust Receiving Acct Type: Traditional IRA		
Phone #	(847) 873-3241	Date of Birth		*If converting account to Roth the above will		
Social Secu	ırity Number			read Traditional/SEP IRA for lateral transfer first		
Your Trai	nsferring Account,	Previous Custodia	n			
i endrodesia (en est esperante de la comparción de la comparción de la comparción de la comparción de la compa	Complete Barrens and Commercial Sections of the Commercial Section of the Commercial Section of the Commercial Section	HARLES_SCHWAB	apparent appear from a parallel section for the first personal and the section of the Assess from Assessing th			
Account	Number: 1971-5842	2 Acc	ount Type: 🔽	Traditional Roth SEP SIMPLE		
Rost mot	had to submit transf	er request to your pres	ious custodian:	(Required, please provide one)		
Fax #		Ema		(Acceptated, presse provide one)		
)						
Over	night Mail:					
<b>-</b>	•	<del></del>				
PARTICULAR PROPERTY CONTRACTOR OF THE PARTY	Instructions	ari ninina dina matana ari matana	. [] 100% of	enterente de la companya de la comp		
casn irans	rer - Liquidate and Fr	ansfer (select one only)		funds from the IRA indicated, OR		
Select Pay	ment Type (select on	e only): Verify with cust	Send onl	be sent via wire OR mailed check		
		Check OSelectife				
		<del>_</del>	o: iTrust Custodi	·		
InKind Tra	nsfer Only - only if mo	ving crypto from existing	IRA account			
	Asset <sup>-</sup>	Гуре		Quantity		
<del>-</del>						

## Case: 1:24-cv-12470 Document #: 1:11 Filed: 12/04/24 Page 33-of 202 Page Disability and



## IRA Transfer Form

(Trust Custodial Services is Non-ACAT eligible)

M2 Trust DBA Trust Cusbdial Services 65 Pine Ave Sin 22 Long Boach, CA 90602 Fac (855) 488-6303

I hereby certify by my signature, that my information is true and correct; and that l understand if I have required minimum distributions it is my responsibility to remove the required amount from an IRA before the deadline. If applicable, I acknowledge and confirm the transfer of my Simple IRA into my non-Simple IRA is at least two years after the date. I first received a contribution into the Simple IRA.

least two years after	the date i first received a co	ntribution into the S	Simple IRA.	
		1 11		
Signature of Account	Holder //		Date Signed U.	6-2023
			V	IM/DD/YYYY
サービーランス こくりい オフトメース こうごうせんごうだい ディン	nust verify with your custodia ces will submit the transfer for		Processing the Control of the Contro	letter of acceptance
to your previous custo	መርመን ግንያ ያቸውም እና እና ምንተለያው ነው መስለኛ አለባ እና ለመንከፈለም የተማየፉ ለማይ ትርምርዎች የ			
The state of the s		Side William II		Alleman Server and the works we
Trust Internal Notes:		The Daniel Co.	war all the said	
				ARP Perokakanan
The state of the s	And the second s			
We will accept the abo	ove captioned account as suc	cessor custodian:		
Custodian Signature			- Date Signed 1	
	The state of the s		M	M/DD/YYYY
			MSG Stamp (it required)	
			A Comment	
ター・イヤン うしょう かんたい かかなからかめ いっちゅうじゅう はい	lallion Stamp on documents oth	ディスティスクリン はんけいしょく しんしんしょ		
	with securities authenticates th nd is signed by and comes from			
Institution that affi	xed the Medallion Stamp and do	oes		
not guarantee the	validity of the customer signatu	re:		tre wat it
			The same was a second	- Charles I am

Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 34 of 392 PageID #:97 2023DN000129-43 TION ORDER UNITED STATES OF AMERICA COUNTY OF DU PAGE STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT IN RE: THE MARRIAGE OF MADISON SAMPLE JR Plaintiff 2023DN000129 CASE NUMBER 23 Apr 11 AM 11: 35 AND JACKIE L SAMPLE Defendant 18TH JUDICIAL CIRCUIT DUPAGE COUNTY, ILLINOIS AGREED **ACTION ORDER** This matter having come before the Court, the Court having jurisdiction and being fully advised in the premises: IT IS HEREBY ORDERED as follows: The case is continued to 05/10/2023 in 2010 at 10:50 AM for STATUS - FOR VIDEO CALL, Description: DISCOVERY PRODUCTION/SETTLEMENT 1. Effective immediately, both parties are restrained from withdrawing, assigning, encumbering, removing, dissipating, hiding, transferring, concealing, hypothecating, pledging, mortgaging, making gifts of, guarantying debts with, expending, or otherwise dealing with, or squandering or disposing of any real or personal property, or income in which Petitioner or Respondent has any interest whatsoever, except in the usual course of business or for the necessities of life. 2. Both parties shall have equal access to the parties joint checking account. Neither party shall incur any personal expense in excess of \$400.00 without written agreement between the parties. 3. Both parties shall exchange Financial Disclosure Affdiavits and Supporting Financial Documents within 28 days. 4. This order entered by agreement of counsel, as stated on the record. Submitted by: JOHN A CONNIFF Attorney Firm: LAW OFFICES OF JOHN A. CONNIFF PRO SE-DuPage Attorney Number: 311564 Attorney for: MADISON SAMPLE JUDGE KENTON J SKARIN 77 W WACKER DRIVE, SUITE 4500 Validation ID: DP-04112023-1135-13800

Date: 04/11/2023

CHICAGO, IL, 60601 312-255-0007

Email: jconniff@jactamilylaw.com





March 14, 2016

MADISON SAMPLE & JACKIE JOHNSON 9715 S CLAREMONT AVENUE Chicago, IL 60643

## MADISON SAMPLE & JACKIE JOHNSON:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$64,769 Refund	Direct Deposit to **9127
Illinois Income Tax	\$11,287 Refund	Direct Deposit to **9127

The following return(s) will be e-filed and do not need to be mailed to the taxing authority:

Illinois Income Tax

Sign and date these return(s) and mail them on or before the filing deadline to the address provided:

### Federal Income Tax

Department of the Treasury Internal Revenue Service Fresno, CA 93888-0002

Sincerely,



Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 36 of 392 PageID #:99



October 24, 2016

Madison Sample & Jackie Johnson 9715 S Claremont Avenue Chicago, IL 60643

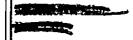
Madison Sample & Jackie Johnson:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$93,862 Refund	Direct Deposit to **9127
Illinois Income Tax	\$9,039 Refund	Direct Deposit to **9127

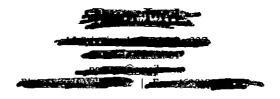
The following return(s) will be e-filed and do not need to be mailed to the taxing authority:

Federal Income Tax Illinois Income Tax

Sincerely,



Case: 1:24 ev 12476 Document #: 1:1 Filed: 12/04/24 Page 37 of 392 Page IB # 100



October 03, 2017

Madison Sample & Jackie Johnson 9715 S Claremont Avenue Chicago, IL 60643

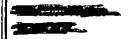
Madison Sample & Jackie Johnson:

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$84,372 Refund	Direct Deposit to **6021
Illinois Income Tax	\$11,100 Refund	Direct Deposit to **6021

The following return(s) will be e-filed and do not need to be mailed to the taxing authority:

Federal Income Tax Illinois Income Tax

Sincerely,



<b>½104</b> 0	Sep U.	ովուջինական արագրագրանին income Ta	t #: 1-@%Fi x Return 21	04/84/2	4 Page 38 OMB No. 1545-00				le in this space.
Filing status:	Si	ngle X Married filing Jointly Marrie	ed filing separately	Head of hou	sehold Qua	alifying widow(er	)		
Your first name	and ini	tial L	ast name				Yours	oolal soouri	ity number
MADISON			SAMPLE					The Book of	
Your standard	teduction	on: Someone can daim you as a de	pendent 🔲 You we	re born before	January 2, 1954	You a	re blind		
If Joint return, s	oouse's	first name and Initial	ast name				Spous	e's social se	ecurity number
JACKIE	_	<del></del>	JOHNSON				4		
Spouse standard  Spouse is blir		<ul> <li>Someone can daim your spouse as</li> <li>Spouse itemizes on a separate return</li> </ul>		•	orn before Januar	y 2, 1954		di-year hea exempt (se	lth care coverag ee inst.)
Home address	•	•		-		Apt. no.	Presid (see in:		lon Campaign
		ONT AVENUE				<u> </u>	(300	<sup>32</sup> , ∐ \	fou   Spouse
		e, state, and ZIP code. If you have a foreign	address, aliadh Sched	rule o.				e lhan lour di	
Dependents			(2) Social security num	hor (2) D	lolotionoble to unu	- (1)		st. and check	<del></del>
(1) First name	(000 11	Last name	(2) Social Security hum	Dei (a) A	letationship to you	Child ta	·=	alities for (se Credit to	re inst.). Ir other dependents
				_		<u> </u>		<u> </u>	П
	_								Ħ
			-						<u> </u>
Sign Here	Under p correct,	enaities of perjury, I declare that I have examined and complete. Declaration of preparer (other than	this return and accompany taxpayer) is based on all li	/ing schedules as nionnation of wh	nd statements, and t ich preparer has any	io the best of my lo y knowledge.	nowledge ar	nd belief, the	y are true,
Joint return?	Y	our signature	Date	Your occupati	ion				Identity Protection
See instructions. Keep a copy for	<b>V</b> =	<u> </u>	01-18-2019	PHYSIC	IAN		PIN, enter here (see		
your records.	SI	oouse's signature. If a joint return, both must sign.	Date	Spouse's occi	upation		if the IRS: PIN, enter		Identily Protection
	7	<b>-</b>	01-18-2019	REAL E	STATE PROF	ESSIONAL	here (see		
Paid	Pr	eparer's signature			PTIN	Firm's El	N	Chec	ck it:
Preparer	444		-		4010001				3rd Party Designe
Use Only		eparer's name			Phone	по.			Self-employed
-	_	m's name  This address							
Form 1040 (2018	Privac	Act, and Paperwork Reduction Act Not				<u>-</u>		F	form 1040 (2018
1011110-0 (2010	1	Wages, salaries, tips, etc. Attach Form(s)	W-2				1		Page 2
	2a	Tax-exempt Interest 2a		Ь	Taxable interest		2b		339
Altach Form(s) W-2. Also atlach	3a	Qualified dividends 3a	_		Ordinary dividend	ds	3b		98
Form(s) W-2G and	48	IRAs, pensions, and annuities 4a			Taxable amount		4b		50,000
1099-R if tax was withheld.	5e	Social security benefits 5a			Taxable amount		5b		
	6	Total income. Add lines 1 through 5. Add any am	ouni from Schedule 1, line		65,071)		6		413,730
	7	Adjusted gross income. If you have no adj							
Standard	L	subtract Schedule 1, line 36, from line 6		• • • • •		• • • • •	7		364,959
Deduction for-	_8	Standard deduction or itemized deduction	ons (from Schedule A)	)		• • • • •	8		34,762
Single or married  Jing separately,	9	Qualified business income deduction (see	•	• • • • •		• • • • •	9		4
\$12,000 • Married filing	10	Taxable income. Subtract lines 8 and 9 fro (check a Tax (see inst) 69,033 any from 10 and 10	m line 7. If zero or less k if			• • • • • •	10		330,193
jointly or Qualifying widow(er),	11			1 2∐ Form	4972 3	)	! !		
\$24,000	4	b Add any amount from Schedule 2 and c		• • • • • •	• • • • • • •	⋯▶	11		69,033
Head of household,	12	a Child lax credit/credit for other dependents	-	•	n Schedule 3 & ched		12		0
\$18,000	13 14	Subtract line 12 from line 11. If zero or less Other taxes. Attach Schedule 4		• • • • • •		• • • • • •	13	<u> </u>	69,033
If you checked     any box under	15	Total tax. Add lines 13 and 14		• • • • • •		• • • • •	14		8,626
Standard deduction,	16	Federal income tax withheld from Forms V	V-2 and 1000			• • • • • •	15		77,659
eee instructions.	17	Relundable credits: a EIC (see Inst.)	_	• • • • •		• • • • •	16		126,757
	.,	Add any amount from Schedule 5	b Sch 8812		C Form 8863	<del></del>	,,		
	18	Add lines 16 and 17. These are your total	payments			• • • • • •	17		126 757
Defined	19	If line 18 is more than line 15, subtract line			ou overnald	· · · · · · · · · · · · · · · · · · ·	18		126,757
Refund	20a	Amount of line 19 you want refunded to y		-	•		20a		49,098
	ь	Routing number XXXX			Checking	Savings	-Vq		<u> </u>
See instructions.	• d	Account number X X X X	<del></del>	<b>⊣</b> , …,	.—	<del></del>			
	21	Amount of line 19 you want applied to you	<del> </del>		<del></del>				
Amount You Owe	22	Amount you owe. Subtract line 18 from li	ne 15. For details on h	ow to pay, see	instructions		22		
	23	Estimated tax penalty (see instructions)					. '		

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2018

Department of the Treasury Internal Revenue Service

➤ Attach to Form 1040.
➤ Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01

Name(s) snown on Form	1040				Your s	ocial security number
MADISON SAM	PLE	& JACKIE JOHNSON				
Additional	1-9b	Reserved			1-9b	
Income	10	Taxable refunds, credits, or offsets of state and local income taxes	10	14,658		
	11	Alimony received			11	
	12	Business income or (loss). Attach Schedule C or C-EZ			12	0
	13	Capital gain or (loss). Attach Schedule D if required. If not require	d, check	here ▶ 🗌	13	(3,000)
	14	Other gains or (losses). Attach Form 4797			14	
	15a	Reserved	15b			
	16a	Reserved	16b	Mary Comments of the Comments		
	17	Rental real estate, royalties, partnerships, S corporations, trusts, e	17	(276,729)		
	18	Farm income or (loss). Attach Schedule F			18	
	19	Unemployment compensation		• • • • • • • • • • •	19	
	20a	Reserved			20b	and the Grape be a second
	21	Other income. List type and amount	21			
	22	Combine the amounts in the far right column. If you don't have any				
		income, enter here and include on Form 1040, line 6. Otherwise, g	o to line	23	22	(265,071)
Adjustments	23	Educator expenses	23		i desi	
to Income	24	Certain business expenses of reservists, performing artists,	1 1		30,711	
		and fee-basis government officials. Attach Form 2106	24		12 Sept. 1	
	25	Health savings account deduction. Attach Form 8889	25			
	26	Moving expenses for members of the Armed Forces.	i •			
		Attach Form 3903	26			
	27	Deductible part of self-employment tax. Attach Schedule SE .	27			
	28	Self-employed SEP, SIMPLE, and qualitied plans	28		34	
	29	Self-employed health insurance deduction	29			
	30	Penalty on early withdrawal of savings	30			
	31a	Alimony paid b Recipient's SSN	31a	48,771		
	32	IRA deduction	32			
	33	Student loan interest deduction	33			
	34	Reserved	34			
	35	Reserved	35			
	36	Add lines 23 through 35		<u></u>	36	48,771

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2018

EEA

Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 40 of 392 PageID #:103
ONB No. 1545-0123

Form 1120-S

Department of the Treasury Internal Revenue Service

> Do not file this form unless the corporation has filed or Is attaching Form 2553 to elect to be an S corporation. ▶ Go to www.irs.gov/Form1120S for instructions and the latest information.

2019

For	calend	ar ye	ear 2019 or tax	year begin	ning		, 2019, ending				, ;	20
A s	S election	effec	tive date		Name		_			D	Employer	Identification number
	BERNSTEIN & REIKES CORP											
_		~ ~	4-	TYPE	TEVIO LETU	a verved COMP				I		
	3-12-							_				
										E Date Incorporated		
ſ	iumber (s	nber (see instructions) PRINT 9624 S CICERO AVE 03-									3-11-	2015
6	21111	L			City or town, state o	r province, country, and ZIP or f	oreign postal code			F	Total asse	ts (see instructions)
			A-3 attached		OAK LAWN		77	COAES		s		_ <b>(</b> ,
				4a ba C	<del>-</del>	-1	IL L	60453	·			
						ning with this tax year?	∐ Yes Lax	_	<u> </u>			3 if not already filed
						(3) Address change		fed return	(5) ∐ S	election	on termi	nation or revocation
ı	Enter th	ות פו	imber of sharel	holders wh	o were sharehold	ers during any part of the	tax year				>	1
J	Check if	con	poration: (1)	☐ Aggrega	ated activities for	section 465 at-risk purpo	ses (2)∏Gr	ouped activit	lies for sec	tion 4	69 pass	sive activity purposes
						nses on lines 1a through						
								1			25 %	
	12		•					1a	100,0	00		
	b	Re	atums and allow	vances				1b				
	C	Ba	lance. Subtrac	t line 1b fro	om line 1a \cdots						10	100,000
Income	2	Co	st of goods so	ld (attach F	Form 1125-A)						2	-
ᅙ	3										3	100.000
Ĕ	[		-					12. A		• •	<u> </u>	100,000
	4				•	th Form 4797) • • • •		2 3		• •	4	<u> </u>
	5	Otl	her income (los	ss) (see ins	structions - attach	statement)				• •	5	
	6	To	tal income (lo	ess). Add i	ines 3 through 5					. ▶	6	100,000
	7	Co	mpensation of	officers (s	ee instructions - a	ittach Form 1125-E)	//N				7	
ŠĒ	8					)		\ <b>4</b>			8	
Ę.	-										<del></del>	
5	9		•				Comment of the State of the Sta				9_	23,372
<u>=</u>	10	Вa	d debts	<i></i> .			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				10	
ō	11	Re	ents					>			11	19,720
<u>s</u>	12	Tax	xes and license	9S			11	When T	aw/Lio		12	3,508
Deductions (see instructions for limitations)	13	The last the									13	3,300
걸						elsewhere on return (atta	ob Form 4500)			• •	_	
탏	14										14	2,440
.⊑	15	De	pletion (Do no	t deduct o	II and gas deplei	ilon.) 👫 ) 🧳	· · · · · · · · ·		<i></i>		15	
ě	16										16	2,646
<u></u>	17	Pe	ension: profit-sh	naring, etc	plans		<i></i>				17	,
Ë	18		nployee benefit	_		%						
接			-		***	f				• •	18	
큥	19		her deductions	-					ment #	2• •	19	148,260
ē	20	To	tal deduction:	s. Add line	s 7 through 19	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				. ▶	20	199,946
_	21	On	dinary busine	ss Income	(loss). Subtract	line 20 from line 6	. <b>.</b>				21	(99, 946)
	22 a	Ex	cess net passi	ve income	or LIFO recepture	tax (see instructions)	<del></del>	22a			a Section	122/22/
			x from Schedul			( Caragonal)		22b			- 3.5	
	, ,	10	k irom Scheool	POD (LOUIL	1120-3)			220			10 Suga	
	C				instructions for a					• •	22c	
9	23 a			-7- t	4 8 3 3 13	ayment credited to 2019		23a			14 4.14	
Tax and Payments	ь	Tax	x deposited wit	h.Form 70	04//			23b				
Ě	c	Cre	edit for federal.	tax paid on	fuels (attach For	m 4136)		23c			1 1 2 2 2	
Pa	d		served for futu		<b>&gt;</b>				The Maring	A. 75	45. Vm	
Þ	_		ld lines 23a thr					TOR North Section	A Water	海 董	<b></b>	
룝			15 W - 10 P	War 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					<u>.</u>		23e	
ă	24					k if Form 2220 is attach			••▶ ∟	╛	24	
_	25	An	nount owed. If	line 23e is	smaller than the t	otal of lines 22c and 24, e	nter amount owed				25	
	26	Οv	erpäyment. If	line 23e is	larger than the tot	al of lines 22c and 24, ent	ter amount overpal	d			26	
	27		- A	10000		estimated tax		_	Dofundo		27	
	1		W	15°		<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del> -	Refunded	<del>,                                    </del>	21	
		mv	ter penalties of per knowledge and be	jury, i declare lief it is toue	that I have examined to correct, and complete	this return, including accompant Declaration of preparer (other t	ying schedules and state	tements, and to	the best of	M	ay the IRS	discuss this return
Sig	ın İ	pre	parer has any knov	viedge.		Sesimential of property (units)	ilai expayer) is based	on an intermatic	on or winch	w	th the pre	parer shown below?
He										Se	e instruct	ions. 🗴 Yes 🗌 No
Ç	.~	M	ADISON SE	MPLE				No.	WNER			
		_	Signature of officer				Date		Title			
		<b>^</b>	Print/Type prepare	or's name		Preparer's signature		Date				Piral
Pai	М					- TOPE OF SHIP MEDICO				Check	∐ if	PTN
			Art In Laboratory			भूभक जिल्हा		11-05-20	20 5	self-em	ployed	XXXXXXXXX
	pare		Firm's name		- ************************************	<u> </u>			Firm's Ei	N >		
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Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 41 of 392 PageID #:104

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1120-S

> Do not file this form unless the corporation has filed or Is attaching Form 2553 to elect to be an S corporation.

2019

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form1120S for instructions and the latest information.

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Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 42 of 392 PageID #:105
OMB No. 1545-0123

Form 1120-S

Department of the Treasury Internal Revenue Service

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

▶ Go to www.irs.gov/Form1120S for instructions and the latest information.

2020

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### 7439 S Prairie Ave

Mortgage Approximately amount\$189,441.30

Foreclosure court is December 9, 2024 @2:30 pm court room#2804 at Richard Daley Center

November 12, 2024—application for financial assistance submitted (30 days to review)

City of Chicago violations 3 total

24DS37820M--\$600 DUE

Court is December 10, 2024 at 9am

24DS37808M--\$600 DUE

400 W Superior Room#111

24DS37819M--\$600 DUE

## 641 W 119<sup>™</sup> Street

Due to nonpayment mortgage company GN Bank withdrew offer to lower mortgage to \$100,000, mortgage is now due in <u>full \$350,000 plus additional fees and taxes</u>. Set for foreclosure

Foreclosure court is December 9, 2024 @2:30 pm court room#2804 at Richard Daley Center

### 645 W 119th Street

Tax year 2022--\$691.27 due (\$103.92 interest)

\*Delinquent, if taxes remain unpaid, will be offered at tax sale on 12.10.24

Tax Year 2023--\$1,302.18 due (\$65.03 interest)

## 647 w 119th Street

City of Chicago Violations 5 total

23DS39418M--\$1,659.89 DUE

23DS39413M--\$2,462.32 DUE

24DS44861M--\$900 DUE (COURT IS FEBRUARY 5, 2025)

24DS23414M--\$1,844.08 DUE

24DS23414M--\$1,844.08 DUE

## **653 W 119<sup>TH</sup> STREET**

City of Chicago 3 violations total

24DS23411M--\$1,844.08 DUE

24DS23460M--\$1,844.08 DUE

23DS39422M--\$2,462.32 DUE

651 W 119TH STREET

City of Chicago-2 Violations total

24DS23461M--\$1,844.08 DUE

24DS23415M--\$1,844.08 DUE

## 9476 Falling Water Dr E

Mortgage is Approximately 1.5 million

Madison has refused to pay mortgage, homeowners fees, and utilities pertaining to this property, jeopardizing Jackie's mental, psychological and physical wellbeing, as he has fled the jurisdiction stealing millions in plaintiff Jackie Sample's assets and is squandering hundreds of thousands of dollars

# EXHITBIT: 5

DEFENDANT, DR. MADISON SAMPLE POSSIBLE COLLUDING WITH ATTORNEYS "YOUR ATTORNEYS WON'T MAKE ME DO ANYTHING".

Dr. MADISON SAMPLE DENYING PLAINTIFF, JACKIE SAMPLE BASIC HUMAN NEEDS



Jack Johnson < jackshousinganddevelopment@gmail.com>

### Re: Last Offer

Madison Sample Jr <msamplejr@gmail.com>
To: Jack Johnson <jackshousinganddevelopment@gmail.com>

Sat, Jun 3, 2023 at 9:48 PM

Don't email me anymore.

Sent from my iPod

Madison Sample Jr MD

On Jun 3, 2023, at 3:37 AM, Jack Johnson < jackshousinganddevelopment@gmail.com> wrote:

#### **4TH REQUEST**

You are impeding my progress by withholding my office key. I do not have the resources to bear the expense of hiring a locksmith to gain access to my office. I had considered offering the Apple Watch as payment for the locksmith's services. However, your watch is currently resting on the kitchen countertop to the left of the fridge. I kindly request that you return my office key, as I should not have to resort to legal measures to receive basic respect. Furthermore, I am temporarily using the BMW until the emergency brake issue on the Jeep is fixed. You are already aware of this situation, Madison. Lastly, the loud banging and noise being made in the middle of the night is unacceptable and must stop.

Thanks

On Fri, Jun 2, 2023 at 1:08 PM Madison Sample Jr <msamplejr@gmail.com> wrote:

Jackie. You find yourself in a precarious situation. This is what I am willing to do. I am NOT willing to just give you money.

- 1. Our attorneys ratify the below agreement.
- 2. AFTER that is done, then monies can be dispersed
- 3. Save the \$12-15,000 for mediation.
- 4. All proceeds for 7439 sale go to you. Well over \$140K.
- 5. \$10K from me to you so you can close.
- 6. You move out within 30 days of your closing at 7439.
- 7. \$40K to you within 30 days after you move out.
- 8. Another \$50K 12 month after you move out.
- 9. \$3,000 per month to you, starting 60 days after you move out for 36 months. Then spousal support ends.
- 10. You sign over any and all rights to me to house at 9476 Falling water drive east Burr Ridge IL.
- 11. You remove your name from all my BofA accounts including #1808 and business accounts.
- 12. You remove your name from my Chase account,
- 13. I remove my name from your BofA accounts.
- 14. You return all items you stole from me within 24 hours.
- 15. I will pay for Jeep auto repair coming up soon.
- 16. You accompany me to transfer Jeep into your name.
- 17. Your movers be careful upon moving your items out

Simple. Straight forward. Clean. This gives you the money to close and more. Gives me the peace to move on.

If you refuse, Good luck to you. Your attorney is not going to force me to do anything. I already changed beneficiary for my life insurance if anything were to happen to me.

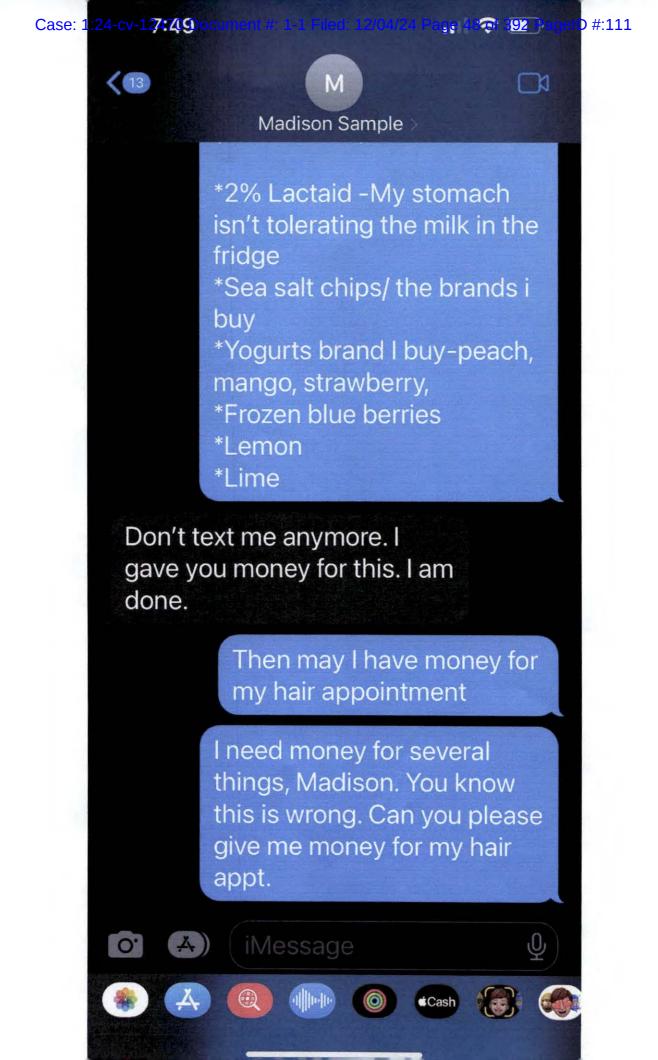
You have forgotten how much I have done for you. Money does not appear like magic. I studied long and hard and dedicated myself to a profession.

You will have your wish to make your own decisions.

Don't come to me asking for ANYTHING and yet trying to treat me like a child! Taking my car. Taking my watch. Trying to take my dignity. You already withdrew your respect long ago. I have to be careful not to get a spanking. I already get lots of words of Affirmation that I am evil. I will be done with this soon. This is my best offer.

Madison

Sent from my iPod





## Madison Sample

control over groceries gas finances, and other aspects of any life instead of showing respect to the person you vowed to love and profest.

lam concerned that you might perceive your actions as humane, while they are actually opporessive and actually opporessive actually opporessive and actually opporessive actually oppore

You are hopeless. You are no different than the Smiths we met. I guess not surprising. You suppress knowledge of who I am.

We are on a path like the Smiths. We do the hard work. An Arab, Jew or white person will benefit from our ineptitude. This saddens me.



















Of course I do not want you to run out of gas.
Let's think logically for a moment.

- 1. The current system is not working for either of us. You are stressed. I am stressed.
- 2. Every day without a settlement yield decreased assets we can walk away FOR BOTH OF US. Does this make sense?
- 3. Is it logical to keep putting off getting countertops ordered and installed? Do you want us to lose the house and not potentially receive \$100K+ in home sale? Shouldn't you call them and get this done even if only for your benefit?
- 4. We should engage the mediator David asap and get this written up asap. This should not be an emotional





Wed, Aug 16 at 6:30 AM

## Hi Jack

Please don't text, email or talk to me about any items until you have signed both the cancellation agreement and new realtor agreement. You have wasted market time since the beginning of March 2023.

We have no thing to discuss until AFTER that is done.

Wed, Aug 16 at 2:46 PM

Please just sign realtor cancellation agreement of Susan and Linda. We will move on.

## Subject: Re:

Jack

It is simple. You talk to my lawyer for a SIGNED mediation agreement. Then you will have the money you need. Using excess testosterone in taking my car, not consulting me etc.., will not work. Mediation as I suggested December 2022 would have been much better for both of us. This is just giving money to lawyers and wasting money.

The ball is still in your court; not mine. It is not only about what you get. That is a one sided contract. You don't understand that.

Please forward me countertop contact person info. Again, if I were you, I would do EVERYTHING I could to sale this house. That will be a big chunk of money for you and I. Maybe you don't need the help, but I do.

Sent from my iPod

Madison Sample Jr MD

On Jun 10 2022 at 1.25 DM Jack









## Photo ~

Done

Dear John,

I hope this email finds you well. I am reaching out to discuss the current situation regarding the mediation process with Madison. He has insisted that I contact you to sign a mediation agreement before granting me access to our finances. However, I am deeply concerned about the unilateral control Madison has taken over our financial matters, including our investments. As a result, I have not been able to meet my basic needs for several months now.

One significant issue is that Madison's financial affidavit lacks crucial information, such as our investments and an accurate representation of his salary. It is difficult to engage in effective mediation when essential financial details have not been disclosed. Without a comprehensive understanding of our financial situation, it is challenging to make informed decisions and work towards a fair resolution.

Furthermore, I am troubled by Madison's approach in pressuring me to sign the mediation agreement. He has resorted to bullying tactics, cutting off my financial resources, and even threatening the loss of my premarital investment properties. There are many more incidents not mentioned in this email. This behavior feels like extortion and is entirely unfair.

Madison's actions, including the shutting down of accounts and the transfer of our funds and investments to hidden accounts, indicate an attempt to control the outcome of our divorce in his favor. I want to make it explicitly clear that I do not consent to these actions.

It is crucial that we uphold the principles of fairness and transparency throughout the mediation process. I firmly believe that for the mediation to be successful, all financial information must be disclosed, and I must be given fair access to our joint assets. Only through openness, transparency, and equitable decision-making can we hope to reach a resolution that is fair to both parties.

I kindly request your assistance and guidance in addressing these concerns. Your intervention is vital to ensure a just and balanced mediation process. I appreciate your attention to this matter and look forward to your response.

Thank you.









On Aug 6, 2023, at 8:31 AM, Jack Johnson <<u>jackshousinganddevelopment@gmail.com</u>> wrote: Madison Sample Jr <<u>msampleir@gmail.com</u>>

Thanks Madison Understood.

I need access to our credit card. You have seen how badly I need new-underwear for over 6 months.

I've been wearing underwear which is fit for the trash since January, and it's embarrassing.

Also, my daughter, Tayler need me. May i use our card to go and check on my daughter?

Hopefully you agree that checking on Tayler's well being shouldn't be based on you punishing me or negotiating your leverage.

You have taken at least 5 getaways and haven't you seen your family and kids recently?

I hope so. Withholding financial means is cruel especially when blocking my access results in me being unable to check on my daughter, Tayler.

Not only does Tayler need me. I need her too. Will you please not stand in the way of this?

If you don't undo this and make this trip possible for me to check on Tayler and for me to be able to meet basic needs, there will never be a reason that you should refer to me as Jackie dear.

This is my last time requesting that you make allowance for my humanistic basic need be met,

Thanks Madison

Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 57 of 392 PageID #:120

## EXHIBIT: 6

COURT ORDERS DISREGARDED BY MADISON SAMPLE

**APRIL 11, 2023, JANUARY 5, 2024, AUGUST 12, 2024** 

- 1. AUGUST 12, 2024 HEARING PROCEEDED AS PLAINTIFF WAS TAKEN TO THE EMERGENCY DEPARTMENT BY AMBULANCE
- 2. INTERFERENCE WITH OBTAINING ADEQUATE LEGAL REPRESENTATION
- 3. DEFENDANT REMAIN UNINSURED

## UNITED STATES OF AMERICA

### STATE OF ILLINOIS

COUNTY OF DU PAGE

IN THE CIRCUIT COURT OF THE EIGHT.	EENTH JUDICIAL CIRCUIT
------------------------------------	------------------------

IN RE: THE MARRIAGE OF

MADISON SAMPLE JR

Plaintiff

AND

JACKIE L SAMPLE

2023DN000129 CASE NUMBER FILED

24 Aug 12 AM 11: 56

CLERK OF THE

18TH JUDICIAL CIRCUIT

DUPAGE COUNTY, ILLINOIS

#### **ORDER**

This cause coming before the Court for hearing on multiple motions, Petitioner appearing through counsel, Respondent appearing *pro se*, but leaving the courtroom midway through the proceedings, the Court's 503(l) appearing, and the Kozlov firm appearing, for the reasons set forth on the record, IT IS HEREBY ORDERED THAT:

1. Respondent's March 23, 2024 Motion to Disqualify is DENIED.

Defendant

- 2. Respondent's March 22, 2024 Motion for Leave and Extension of Time, April 22, 2024 Motion to Compel, Re-Open Discovery, Extend Time, and Continue Trial and Respondent's May 1, 2024 Motion to Clarify, to Supplement, to Expedite, and for Other Relief are DENIED AS MOOT.
- 3. Respondent's July 24, 2024 Motion to Reconsider Motion to Recuse Judge James Orel is DENIED.
- 4. Respondent has represented to the Court that she has retained attorney Bradley R. Kaye of the Law Offices of Jonathan Merel, P.C. Mr. Kaye shall have 21 days to file his appearance in this matter. Upon presentment of Mr. Kaye's retainer, Petitioner shall directly pay the same, which payment shall be deemed an advancement against Respondent's share of the marital estate. The parties may appear, via zoom, on Tuesday, August 20, 2024 at 9:25 a.m. for presentment of the same.
- 5. This matter is set for Case Management Conference on September 3, 2024 at 9:25 a.m. in person in Courtroom 3012, at which time the Court will set case management deadlines and trial dates. In the event Respondent's counsel files an appearance prior to said date, counsel for either party may notice up a Motion for a SCR 218 Conference at an earlier date.
- 6. Petitioner shall remain current on his obligations to (i) provide Respondent with monthly mainteannce and (ii) ensure Respondent has health insurance, and shall immediately provide proof of the same to Respondent.

Submitted by: MATTHEW D. ELSTER

Attorney Firm: BEERMANN LLP
DuPage Attorney Number: 4620
Attorney for: MADISON SAMPLE

Address: 161 N CLARK ST, SUITE 3000

City/State/Zip: CHICAGO, IL, 60601 Phone number: 312-621-9700

Email: mdelster@beermannlaw.com

Entered:

JUDGE JAMES DOREL

Validation ID: DP-08122024-1156-34297

Date: 08/12/2024

## UNITED STATES OF AMERICA

COUNTY OF DU PAGE

STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT IN RE: THE MARRIAGE OF MADISON SAMPLE JR Plaintiff 2023DN000129 24 Jan 05 AM 11: 46 CASE NUMBER AND JACKIE L SAMPLE Defendant

18TH JUDICIAL CIRCUIT **DUPAGE COUNTY, ILLINOIS** 

Health Insurance Provided Feb 1, 2024 Health Insurance Canceled March 1, 2024 Thi status quo and (ii) dismiss this matter, Peti Judge ord stated monthly, maintenance matthew wrote one lime Payment both Judge ord and Matthew's actions are Wilful d in the premises, and for the reasons irital residence (electric, gas, scavenger, wate il residence. 2. P provide Respondent with proof of COV€

- 3. Within 7 days of today's date, Petitioner shall make one payment of temporary maintenance to the Respondent in the amount of \$5,540. Said amount shall be without prejudice and without precedent.
- 4. The parties shall exchange updated financial affidavits and supporting documents on or before 5:00 p.m. on January 12, 2024.
- 5. Respondent's Emergency Motion to Dismiss is denied.
- 6. Respondent's Emergency Motion to Reinstate the Financial Status Quo is continued to the previously scheduled January 25, 2024 hearing date in this matter.

Submitted by: MATTHEW ELSTER Attorney Firm: BEERMANN LLP DuPage Attorney Number: 4620 Attorney for: MADISON SAMPLE Address: 161 N CLARK ST, SUITE 3000 City/State/Zip: CHICAGO, IL, 60601 Phone number: 312-621-9700

Email: mdclster@beermannlaw.com

Entered:

JUDGE JAMES DOREL

Validation ID: DP-01052024-1146-35572

Date: 01/05/2024

- with, or squandering or disposing of any real or personal property, or income in which Petitioner or Respondent has any interest whatsoever, except in the usual course of business or for the necessities of life.
- 2. Both parties shall have equal access to the parties' joint checking account. Neither party shall incur any personal expense in excess of \$400.00 without written agreement between the parties.
- 3. Both parties shall exchange Financial Disclosure Affdiavits and Supporting Financial Documents within 28 days.

PRO SE

4. This order entered by agreement of counsel, as stated on the record.

Submitted by: JOHN A CONNIFF

Attorney Firm: LAW OFFICES OF JOHN A. CONNIFF

DuPage Attorney Number: 311564

Attorney for: MADISON SAMPLE

77 W WACKER DRIVE, SUITE 4500

CHICAGO, IL, 60601

312-255-0007

Email: jconniff@jacfamilylaw.com

THE STEE WHE FROM 3

JUDGE KENTON J SKARIN

Validation ID: DP-04112023-1135-13800

Date: 04/11/2023

## EXHITBIT: 7

DEFENDANT, DR. MADISON SAMPLE JANUARY 25, 2024 PERJURY

THREE FALSIFIED FINANCIAL AFFIDAVITS SUBMITTED BY DR MADISON SAMPLE

SOME DIGITAL CURRENCY OVER \$5,000,000, BUSINESS PARTNERSHIP/ OWNERSHIP, INVESTMENTS AND MORE

1 expenses for your Plainfield town home? 2 Α. No. 3 Who pays them? Q. 4 Α. I do. 5 Q. So fair to say that the marital estate is spending between 15 and \$16,000 a month just to 6 7 maintain the two residences in which you live? 8 Α. That's correct. The residence in which Ms. Sample is residing 12:09PM 10 is approximately three times more expensive than the 11 one in which you're renting? 12 Α. That's correct. FINANCIAL Affidarit 13 Q. Can you currently afford to pay for two 14 residences at the rate of approximately \$16,000 a 15 month? 16 Α. I cannot. Defendant DerMadisins sample did not list Crypto Eurrency of His Financ 17 Q. How have you paid to date? The home isn't in 18 foreclosure, is it? 19 Α. No. 20 How have you paid for these expenses? Q. 21 So I worked a lot. I actually work a lot in Α. 22 other adjoining states picking up local assignments 23 there. There have been a few times where I needed to 24 liquidate a little Crypto just so that I can make ends

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meet.

- Q. When you mean by liquidate a little Crypto, what do you mean by that?
- A. Exchange Crypto for US dollars just so that I can pay some of these bills.
- Q. Sure. Are there tax implications for liquidating Crypto assets?
  - A. Yes.
- Q. And how much Crypto have you liquidated to pay for the expenses we referenced in the last year?
  - A. Last year close to 15,000.
- Q. Okay. Now in addition to the expenses that you pay for housing, do you have any other major monthly expenses that you incur?
- malpractice insurance. I'm paying \$2300 a month for health insurance.
- Q. Is that for you and Ms. Sample or just for you?
  - A. For both of us.
  - Q. Any other expenses?
- A. I have, you know, business expenses, just driving to, you know, out of town to different states, auto, maintenance and upkeep, hotel stays, food, you

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know, et cetera, in order to be able to get to these jobs.

- Are you reimbursed for those expenses? Q.
- Most of the expenses, hotel reimbursed, but Α. the others I am not.
- So travel, gas, meals, et cetera, that's all Q. out of pocket?
  - Α. Yes.
  - Now on average, what do you earn a month? Q.
- On average, so on average I'm close to 22 Α. thousand, 23,000 a month.
- Understood. So we have talked about the Q. \$16,000 and housing expenses, \$2300 in insurance, about \$1,000 for malpractice coverage and then incidental expenditures related to your business travel. About how much do you have left at the end of each month after paying those expenses?
  - Α. Not much.
- Now, you and Ms. Sample previously agreed to Q. list the Falling Waters residence for sale; is that accurate?
  - Α. That's accurate.
  - Was the residence listed for sale? Q.
  - Yes, it was listed in December of 2022. Α.

<b>r</b> <	45.0
	42

## This form is approved by the ininiois supreme Court and is required to be used in an illinois circuit Courts.

	W.
	••
	W
-	7 —

STATE OF CIRCUIT	•		L <b>AFFIDAVIT</b> VORCE CASES)	r-or Court Use Only
DuPage	COUNTY	☑ Pre-Judgment	Post-Judgmen	t
Instructions ▼		I		7
Enter above the county name where the case was filed.	Madison Samp	ole Jr.		
Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint.	v. Jackie L. Samr			2023 DN 000129
Enter the Case Number given by the Circuit Clerk.	Respondent (I	First, middle, last name)		Case Number
significant penalties and attach the Ado	s and sanctions, in litional Information	cluding costs and atto form for that section.	mey's fees; (2) If you n Do not file this docum	information on this form, you may face eed more room for a section, complete ent and the enclosures with the Circuit where to find these rules.
NOTE: Do not include in this affidavit any Social Security or individual taxpayer- identification numbers, driver's license numbers, financial account numbers, or	2. I swear	or affirm the informa	Respondent in that the stress of the stress	is case. Affidavit and all attached statements
debit or credit card numbers. If any of these items are included on documents you are going to attach to this affidavit, hide them by covering them with black ink or otherwise removing.	must ette a. v p b. v ir c. v b	ch these documents if you way stubs or other produced acome tax returns (inc wank statements	ou have or can get them.)	•
In 3a-d, check the boxes of the documents you are attaching to this form as evidence of your income, assets, and debts. If you select 3d, enter the names of the additional documents you are attaching.	a. Nam b. Phor c. Hom	tion about myself  Madison  First  ne Number (847) 87  Ne Address 9476 Fallin  Street Addi	ng Water Drive East	Sample Jr.  Last  60527
In 4, do not complete 4b and 4c if your contact information is protected pursuant to	d. Date	of Birth <u>06/29/1965</u>	State 5	ZIP
court order because of domestic violence or abuse.	l live	tion about other hou with another adult whe espondent in this case	no helps me pay my exp	enses. This person is not the Petitioner

DV-A 120.3

last year and this усаг.

a	I am  unemployed								
b.	I am  employed by someone else Employer name								
	Employer address								
	Street Address, Apt.								
	City State ZIP								
	Number of paychecks per year:								
	☐ 26 (every two weeks) ☐ 52 (weekly) ☐ I am paid in cash								
	Gross income (pay before taxes and deductions) so far this year \$60,000.00 as of 05/23/2023 .  Date								
C.	• •								
	own a business as a sole proprietorship.								
	☑ as an independent contractor.								
	as a member of a partnership.								
	as a member of a limited liability company (LLC) not treated as a								
	corporation.								
	closely held corporation.								
	other flow-through business entity.								
	Business name: Bernstein & Reikes								
	Business address: 9476 Falling Water Drive East								
	Street Address, Apt.  Burr Ridge IL 60527								
	Burr Ridge         IL         60527           City         State         ZIP								
	Gross business receipts for last year \$ and so far this year \$96,731.25								
	Ordinary and necessary expenses required to carry on the business for								
	this year \$94,715.30 and last year \$								
	Do you receive any of the following from the business (check all that apply):								
	☐ Reimbursed meals								
	Company car								
	Free housing or housing allowance								
	Other: Reimbursed Hotel/AirBnB travel								
Νc	ou must attach complete federal and state business tax returns for the most recent tax year.)								
L	mail and the second of the second of the second of the second								
	I have attached one or more Additional My Employment/Business forms.								

Case: 1:2	24-cv-12470 Document the Case Namble (New York Pagan 614 to 12932 DN 200139#:13	31
In 7a, check only one.		Single
In 7a-e, enter the		
information you submitted on last	b. Number of dependent exemptions claimed 1	
year's IRS tax return.	c. Total number of exemptions claimed 2	
If you did not file a	d. I claim on my federal tax return	
tax return for last	the standardized deduction	
year, check Did not	itemized deductions	
file in 7a, leave 7b-d blank, but still	e. Gross income (before taxes and deductions) last year <u>\$230,021.48</u>	
complete 7e.		
For help in calculating monthly.	8. My monthly gross income from all sources	
amounts, see How to	Regular employment/self-employment earnings from all jobs (salary, wages,	# 40.000.00
Complete a Financial	bese pay, etc)	\$ 12,000.00
Affidavit (Family &	Overtime	\$
Divorce Cases).	Commission	\$
In 8, Regular	Tips	\$
employment	Bonus	\$
earnings mean the monthly gross	Pension	\$
income you receive	Annuity	\$ \$ \$
on a regular basis	Interest income	\$
from employment.	Dividend income	\$
	Trust income	\$
	Social Security Retirement	<u>\$</u>
	Social Security Disability	\$
	Social Security Income (SSI) (not included as income for child support purposes)	\$
	Unemployment	\$
	Disability payment (not Social Security)	\$
	Workers' Compensation	\$
	TANF and SNAP (not included as income for child support purposes)	\$
	Military allowances	\$
	Investment income	\$
	Rental income	\$
	Partnership income	\$
	Distributions and draws	\$
	Royalty income	\$
If you have other	Maintenance received under an order entered in this case or another case	
income not listed in	that you must report as income on your tax return	\$
8, describe the source	Maintenance received under an order entered in this case or another case	
of the income in	that you do not have to report as income on your tax return	\$
Other and enter the	Child support for children of this relationship (if this support is paid by the other	-
monthly amount.	parent, it does not affect the support calculation)	\$
In Total Gross	Social Security payment made to the children of this relationship based on	<u> </u>
Monthly Income,	your disability or retirement	\$
add the amounts in 8	Gifts of money	\$
together and enter the	-	\$
total.	Other:	<u>*</u>
	Total Gross Monthly Income	\$ 12,000.0

In 9, use information	9.	My monthly payroll deductions		
from your paystubs, tax records, and other		Federal tax	\$	2,053.00
sources to identify the		State tax	\$	584.00
deductions being taken from your income. List		FICA (or Social Security equivalent, for example, Self-employment) tax)	\$	744.00
money deducted for		Medicare tax	\$	174.0
health insurance below		Mandatory retirement contributions (by law or condition of employment, but		
in Section 13.		only if no FICA or Social Security equivalent)	\$	
In Total Monthly Deductions, add the amounts from 9 together and enter the	40	Total Monthly Deductions	\$	3,555.0
total.	10.	Monthly maintenance payments		••
n 10, list any naintenance payments		Maintenance being paid or payable to the other party by you under a court		
you are making. If you		order in this case	\$	
ne not sure about		Maintenance being paid under a court order to a former spouse by you,		
whether your payments are tax-deductible,		which is tax deductible to you	\$	_
peak to your attorney		Maintenance being paid under a court order to a former spouse by you,		
ог tax-ргерагег.		which is not tax deductible to you	\$	
Generally, maintenance payments court ordered				<del>- i</del>
ifter January 1, 2019		Total Maintenance Payments	\$	0.0
re not tax deductible.				
for 11, attach a copy of he support order and	11.	Monthly child Support payments		
proof that you are	,	Child support being paid for the children of this relationship under a		
naking the payments,		court order in this case or a different case	\$	
e.g. cancelled checks, court records.		Child support being paid under a court order for children not shared with		
omt iccords.		the other party and who are not part of this case	\$	
	•	Child support being paid, but there is no court order, for children not		
For help in calculating		shared with the other party and who are not part of this case and (1)		
monthly amounts, see How to Complete a		that are presumed to be yours, (2) for whom there is a voluntary		
Financial Affidavit.		acknowledgment of paternity (VAP) signed by you and the other parent,		
<del></del>		OR (3) for whom there is a court order naming you as a parent, but there is		
		no support order	\$	
•		3	<u> </u>	
		Total Child Support Payments	\$	0.0
in 12a, enter the	12.	My monthly Living Expenses		
mount your household		a. Household Expenses		
spends on each item each month	×	Mortgage or rent	\$	6,300.0
aca monu		Home equity (HELOC) and second mortgage	\$	0,000
		Real estate taxes	\$	1,542.0
		Homeowners or condo association dues and assessments.	\$	321.
		Homeowners or renters insurance	\$	_
f you have other living		GasGas	\$	440. 340.
xpenses not listed in			\$	290.
2a, describe the		Electric	\$	-
expense in Other and		Telephone	\$	160.0 265.0
enter the monthly		Cable or satellite TV		200.
mount.	l	Internet	<u>*</u>	<b>-</b>
		Water and sewer	\$ \$ \$	250.
		Garbage removal	<u>\$</u>	60.0
		Laundry and dry cleaning	\$	100.0
		Page 4 of 10		

Transportation.....

	24-cv-1247.0 Documen <del>t nter the Case Michiel 2404 by the Caronic Cide</del> to 2023 2013 129 129	\$
	School-sponsored trips and special events	\$
ě	Uniforms	\$
	Before and after-school care	\$
	Tutoring and summer school	
n Medical, do not	Medical (out-of-pocket expenses)	\$
nclude expenses you are reimbursed for	Doctor visits	\$
hrough insurance or	Therapy and counseling	\$
our employer.	Dental and orthodontia	\$
	Optical	<u>*</u>
	Medicine	\$
1	Allowance	\$
	Childcare and sitters	
	Extracurricular activities and sports (including equipment, uniforms, etc.)	\$
f there are other child-	Summer and school-break camps	\$
elated expenses not isted in 12d, describe	Vacations (children only)	\$
he expense in Other	Entertainment, dining out, and hobbles (children only)	\$ \$
and enter the amount.	Gifts children give to others	\$
in Subtotal Monthly	Other:	\$
Minor and Dependent	Subtotal Monthly Minor and Dependent Children Expenses	\$ 0.00
		<u> </u>
Children Expenses,		
edd the amounts in 12d	Total Monthly Living Expenses (add the subtotals from 12a-d above)	\$ 14,651.00
	Total Monthly Living Expenses (add the subtotals from 12a-d above)	\$ 14,651.00
add the amounts in 12d together and enter the	Total Monthly Living Expenses (add the subtotals from 12a-d above)  13. Health Insurance	\$ 14,651.00
add the amounts in 12d together and enter the total.  In 13, enter information about the primary		\$ 14,651.00
add the amounts in 12d together and enter the total.  In 13, enter information about the primary health insurance you	13. Health Insurance	\$ 14,651.00
add the amounts in 12d together and enter the total.  In 13, enter information about the primary health insurance you have for yourself and	13. Health insurance I have health insurance: ☑ Yes ☑ No	\$ 14,651.00
add the amounts in 12d together and enter the total.  In 13, enter information about the primary health insurance you have for yourself and your family.	13. Health Insurance I have health insurance: ☑ Yes ☑ No The insurance company is: Blue Cross Blue Shield of Illinois	\$ 14,651.00
add the amounts in 12d together and enter the total.  In 13, enter information about the primary health insurance you have for yourself and your family.  If you have more than one Health Insurance	13. Health Insurance  I have health insurance: ☑ Yes ☐ No  The insurance company is: Blue Cross Blue Shield of Illinois  The type of insurance is: ☑ Medical ☐ Dental ☐ Optical	\$ 14,651.00
add the amounts in 12d together and enter the total.  In 13, enter information about the primary health insurance you have for yourself and your family.  If you have more than one Health Insurance carrier, then list other	13. Health Insurance  I have health insurance: ☑ Yes ☑ No The insurance company is: Blue Cross Blue Shield of Illinois The type of insurance is: ☑ Medical ☑ Dental ☑ Optical Deductible: Per individual \$ 1,000.00 Per family \$ 2,500.00	\$ 14,651.00
add the amounts in 12d together and enter the total.  In 13, enter information about the primary health insurance you have for yourself and your family.  If you have more than one Health Insurance carrier, then list other health insurance	13. Health Insurance  I have health insurance: ☑ Yes ☑ No The insurance company is: Blue Cross Blue Shield of Illinois The type of insurance is: ☑ Medical ☑ Dental ☑ Optical Deductible: Per individual \$ 1,000.00 Per family \$ 2,500.00 It covers: ☑ Me ☑ My spouse/partner ☑ My dependents Type of Policy: ☐ HMO ☑ PPO ☐ Other	
add the amounts in 12d together and enter the total.  In 13, enter information about the primary health insurance you have for yourself and your family.  If you have more than one Health Insurance carrier, then list other health insurance company in the Additional Health	13. Health Insurance  I have health insurance: ☑ Yes ☑ No The insurance company is: Blue Cross Blue Shield of Illinois The type of insurance is: ☑ Medical ☑ Dental ☑ Optical Deductible: Per individual \$ 1,000.00 Per family \$ 2,500.00 It covers: ☑ Me ☑ My spouse/partner ☑ My dependents Type of Policy: ☐ HMO ☑ PPO ☐ Other Provided by: ☐ Employer ☐ Private Policy ☐ Other Group ☐ Med	
and the amounts in 12d together and enter the total.  In 13, enter information about the primary health insurance you have for yourself and your family.  If you have more than one Health Insurance carrier, then list other health insurance company in the Additional Health Insurance forms and	I have health insurance: ☑ Yes ☐ No The insurance company is: Blue Cross Blue Shield of Illinois The type of insurance is: ☑ Medical ☐ Dental ☐ Optical Deductible: Per individual \$ 1,000.00 Per family \$ 2,500.00 It covers: ☑ Me ☑ My spouse/partner ☐ My dependents Type of Policy: ☐ HMO ☑ PPO ☐ Other Provided by: ☐ Employer ☐ Private Policy ☐ Other Group ☐ Med Monthly cost is paid by: ☑ Me ☐ My spouse ☐ Other	
add the amounts in 12d together and enter the total.  In 13, enter information about the primary health insurance you have for yourself and your family.  If you have more than one Health Insurance carrier, then list other health insurance company in the Additional Health	13. Health Insurance  I have health insurance: ☑ Yes ☑ No The insurance company is: Blue Cross Blue Shield of Illinois The type of insurance is: ☑ Medical ☑ Dental ☑ Optical Deductible: Per individual \$ 1,000.00 Per family \$ 2,500.00 It covers: ☑ Me ☑ My spouse/partner ☑ My dependents Type of Policy: ☐ HMO ☑ PPO ☐ Other Provided by: ☐ Employer ☐ Private Policy ☐ Other Group ☐ Med	
and the amounts in 12d together and enter the total.  In 13, enter information about the primary health insurance you have for yourself and your family.  If you have more than one Health Insurance carrier, then list other health insurance company in the Additional Health Insurance forms and	I have health insurance: ☑ Yes ☐ No The insurance company is: Blue Cross Blue Shield of Illinois The type of insurance is: ☑ Medical ☐ Dental ☐ Optical Deductible: Per individual \$ 1,000.00 Per family \$ 2,500.00 It covers: ☑ Me ☑ My spouse/partner ☐ My dependents Type of Policy: ☐ HMO ☑ PPO ☐ Other Provided by: ☐ Employer ☐ Private Policy ☐ Other Group ☐ Med Monthly cost is paid by: ☑ Me ☐ My spouse ☐ Other	
and the amounts in 12d together and enter the total.  In 13, enter information about the primary health insurance you have for yourself and your family.  If you have more than one Health Insurance carrier, then list other health insurance company in the Additional Health Insurance forms and	I have health insurance: ☑ Yes ☐ No The insurance company is: Blue Cross Blue Shield of Illinois The type of insurance is: ☑ Medical ☐ Dental ☐ Optical Deductible: Per individual \$ 1,000.00 Per family \$ 2,500.00 It covers: ☑ Me ☑ My spouse/partner ☐ My dependents Type of Policy: ☐ HMO ☑ PPO ☐ Other Provided by: ☐ Employer ☐ Private Policy ☐ Other Group ☐ Med Monthly cost is paid by: ☑ Me ☐ My spouse ☐ Other Total number of people covered by this policy: 2	licaid/All Kids
and the amounts in 12d together and enter the total.  In 13, enter information about the primary health insurance you have for yourself and your family.  If you have more than one Health Insurance carrier, then list other health insurance company in the Additional Health Insurance forms and	I have health insurance: ☑ Yes ☐ No The insurance company is: Blue Cross Blue Shield of Illinois The type of insurance is: ☑ Medical ☐ Dental ☐ Optical Deductible: Per individual \$ 1,000.00 Per family \$ 2,500.00 It covers: ☑ Me ☑ My spouse/partner ☐ My dependents Type of Policy: ☐ HMO ☑ PPO ☐ Other Provided by: ☐ Employer ☐ Private Policy ☐ Other Group ☐ Med Monthly cost is paid by: ☑ Me ☐ My spouse ☐ Other Total number of people covered by this policy: 2	licaid/All Kids
and the amounts in 12d together and enter the total.  In 13, enter information about the primary health insurance you have for yourself and your family.  If you have more than one Health Insurance carrier, then list other health insurance company in the Additional Health Insurance forms and	I have health insurance:  Yes No The insurance company is:  Blue Cross Blue Shield of Illinois The type of insurance is:  Medical Dental Optical Deductible: Per individual \$ 1,000.00 Per family \$ 2,500.00 It covers:  Me My spouse/partner My dependents Type of Policy:  HMO PPO Other Provided by:  Employer Private Policy Other Group Med Monthly cost is paid by:  Me My spouse Other Total number of people covered by this policy: 2  The amount I pay monthly for insurance for children of this relationship: The amount I pay monthly for deductibles, co-insurance, and co-payments	licaid/All Kids
and the amounts in 12d together and enter the total.  In 13, enter information about the primary health insurance you have for yourself and your family.  If you have more than one Health Insurance carrier, then list other health insurance company in the Additional Health Insurance forms and	I have health insurance:	\$ 2,300.0
and the amounts in 12d together and enter the total.  In 13, enter information about the primary health insurance you have for yourself and your family.  If you have more than one Health Insurance carrier, then list other health insurance company in the Additional Health Insurance forms and	I have health insurance:  Yes No The insurance company is:  Blue Cross Blue Shield of Illinois The type of insurance is:  Medical Dental Optical Deductible: Per individual \$ 1,000.00 Per family \$ 2,500.00 It covers:  Me My spouse/partner My dependents Type of Policy:  HMO PPO Other Provided by:  Employer Private Policy Other Group Med Monthly cost is paid by:  Me My spouse Other Total number of people covered by this policy: 2  The amount I pay monthly for insurance for children of this relationship: The amount I pay monthly for deductibles, co-insurance, and co-payments	\$ 2,300.0

In 14, enter your debts including credit cards and past due bills. Do not include debt payments previously listed in 12 and 13 above, such as your mortgage or car payment.

If you have more than 4 creditors, list them on Additional My Debts forms and attach them.

In Total Monthly Debt
Payments, add the
Monthly Payment
amounts from 14
together and enter the
total. Include any debts
listed on any Additional
My Debts forms.

14. My Debts (do not list expenses included in section 12)

	Creditor Name	Describe Nature of Debt (parking tickets, household goods, attorney's fees, etc.)	Amount Owed	Monthly Payment Being Made
1.	Chase Freedom	Mainly JACKIE's purchases	\$23,000.00	\$800.00
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$

☐ I have attached one or more Additional My Debts forms.

Amount from Additional My Debts (if any) \$

Total Monthly Debt Payments \$800.00

Note:

Fair Market Value (FMV) is generally defined as a selling price for an item to which an unrelated buyer and seller can agree. For more information on FMV, read How to Complete a Financial Affidavit (Family & Divorce Case) available at https://www.illinoiscourts.gov/documents-and-forms/approved-forms/.

In 15a, enter your cash and cash equivalents. Do not list account numbers.

If you have more than 4 Checking, Savings, Money Market or Other Bank or Credit Union Accounts, list them in Additional Cash and Cash Equivalents forms and attach them. 15. My Assets

Cash and Cash Equivalents (list balance as of the date of this affidavit)

Checking, Savings, Money Market, and Other Bank or Credit Union Accounts

-	Name of Bank or Institution	Name on Account	Account Type	Balance
1.				\$
2.				\$
3.				\$
4				\$

☐ I have attached one or more Additional Cash and Cash Equivalents forms.

Certificates of Deposit (list balance as of the date of this affidavit)

	Name of Bank or Institution	Name on Account	Balance
1.			\$
2			\$
3	1		\$

☐ I have attached one or more Additional Certificates of Deposit forms.

Cash and Prepaid Debit Cards (list balance as of the date of this affidavit)

	Location of Cash/Card	Held By	Balance
1.			\$
2.			\$
3.			\$

☐ I have attached one or more Additional Cash and Prepaid Debit Card forms.

If you have more than 3
Certificates of Deposit,
list them in Additional
Certificates of Deposit
forms and attach them.

A Prepaid Debit Card is a card that can be used to make purchases much as you would use cash. Many prepaid cards carry the brand of a card network, like MasterCard, Visa, or American Express.

If you have more than 3 Cash or Prepaid Debit Cards or locations for your cash, list them in Additional Cash and Prepaid Debit Card forms and attach them.

In 15b, enter information for your investments and securities. If you have more than 3 Investment Accounts and Securities, list them in Additional Investment Accounts and Securities forms and attach them. If you have more than 3 Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes, list them in Additional Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes forms and attach them. In 15c, enter information for your real estate, including your home if you own it. If you have more than 3 pieces of Real Estate, list them in Additional Real Estate forms and attach them. In 15c and 15d, in Balance Due, enter the total amount remaining on your loan. In 15d, enter information about your motor vehicles. If you have more than 4 Motor Vehicles, list them in Additional Motor Vehicles forms and attach them. In 15e, enter information about your business

interests. In Type of Business, enter whether the business is a

corporation, S Corp, or

If you have more than 3 Business Interests, list them in Additional Business Interests forms and attach them.

LLC, etc.

	restment Accounts and Secu	_			a amaamy
St	ocks, Bonds, Options, Empl			_	rin(
-	Company Name	# Shares	Туре	Owner	FMV
1.		<del> </del>			\$
2.					\$
<u> 3.</u>	<u> </u>	<u>l</u>	<u> </u>		\$
1 11	nave attached one or more A	\dditional In\	restment Accou	nts and Secun	ities forms.
in ba	vestment/Brokerage Accountaince as of the date of this affic	its, Mutual F	unds, and Secu	red or Unsecu	red Notes (list
	Description of Asse		Owi	ner	Balance
1.	†				\$
2.					\$
3.				· · · · · · · · · · · · · · · · · · ·	\$
anı	ave attached one or more Add d Secured or Unsecured No.	tes forms.			
l I h	ave attached one or more A	tes forms.	he date of this affi		
l I h	ave attached one or more And Secured or Unsecured Notes at Estate (list FMV and balance Address	tes forms.		davit)	Mutual Funds,
Re	ave attached one or more And Secured or Unsecured Notes at Estate (list FMV and balance Address	tes forms.	he date of this affi	davit) FMV	Mutual Funds,  Balance Due
l I h	ave attached one or more And Secured or Unsecured Notes at Estate (list FMV and balance Address	tes forms.	he date of this affi	davit) FMV	Mutual Funds,  Balance Due
Re 1. 2. 3.	ave attached one or more And Secured or Unsecured Notes at Estate (list FMV and balance Address	tes forms.	he date of this affi Name on Title	fdavit) FMV \$ \$	Mutual Funds,  Balance Due \$
Re 1. 2. 3.	ave attached one or more And Secured or Unsecured Notes at Estate (list FMV and balance Address	tes forms.	he date of this affi Name on Title	fdavit) FMV \$ \$	Mutual Funds,  Balance Due \$
Re 1. 2. 3.	ave attached one or more And Secured or Unsecured Notes at Estate (list FMV and balance Address	tes forms.	he date of this affi Name on Title	fdavit)  FMV  \$ \$ \$	Balance Due \$ \$
Re 1. 2. 3. 11	ave attached one or more And Secured or Unsecured Note at Estate (list FMV and balance Address  Address  have attached one or more Andreway attached one or	tes forms.  se due as of the	he date of this affi Name on Title	fdavit)  FMV  \$ \$ \$	Balance Due \$ \$ \$ \$ the balance due as of
Ree 1. 2. 3. 111 M	ave attached one or more And Secured or Unsecured Note at Estate (list FMV and balance Address  Address  have attached one or more Andrewed attached one or more Andrewed attached one or more Andrewed attached of this affidavit)  Year, Make, and Model	tes forms.  se due as of the	he date of this affi Name on Title eal Estate forms	fMV \$ \$ \$ \$ \$ (list FMV and	Balance Due \$ \$ \$ \$ the balance due as of
Re 1. 2. 3. 11 Mh	ave attached one or more And Secured or Unsecured Note at Estate (list FMV and balance Address  Address  have attached one or more Andrewe attached one or more A	tes forms.  se due as of the	he date of this affi Name on Title eal Estate forms	fdavit)  FMV \$ \$ \$ \$ . (list FMV and FMV)	Balance Due \$ \$ \$ \$ balance due as of Balance Due \$
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Re 1. 2. 3. 11 1. M	ave attached one or more And Secured or Unsecured Notes at Estate (list FMV and balance Address Addres	tes forms.  se due as of the	he date of this affi Name on Title eal Estate forms	fdavit)  FMV \$ \$ \$ \$ . (list FMV and FMV)	Balance Due \$ \$ \$ \$ balance due as of Balance Due \$

	Name of Business	Type of Business	% of Ownership	FMV
1.				\$
2.				\$
3.				\$

(06/21)

☐ I have attached one or more Additional Business Interests forms.

Ouse. 1
In 15f, enter information about each life insurance
policy you have for
yourself, the other party,
or your children.
If you have more than 3
Life Insurance Policies,
list them in Additional
Life Insurance Policies
forms and attach them.
In 15g, enter information
about retirement benefits
(vested and non-vested).
If you have more than 4
Retirement Benefits
and Deferred
Compensation plans,
list them in Additional
Retirement Benefits and Deferred Compensation
forms and attach them.
In 15h, enter
information for valuable
collectible items,
If you have more than 2
Valuable Collectibles,
list them in Additional
Valuable Collectibles
forms and attach them.
In 15i, enter information
for other personal
property with fair
market value over \$500.
If you have more than 2
items of Personal
Property Valued Over
\$500, list them in
Additional Other
Personal Property
Valued over \$500 forms
and attach them.
In 15j, enter information
for assets or property
you transferred or sold
in the last 2 years with
FMV of at least \$1,000.
Do not include income
items listed above in 8.
If you have sold or
transferred more than 2
Assets or Properties Within the Last 2
Years With a FMV of
at Least \$1,000, list
them in Additional
Transfer or Sale of
Assets or Property
Within the Last 2 Years
with a FMV of at least
\$1,000 forms and attach

Name of Insurance Company	/ Type of Policy	Death Benefit	Cash Value
		\$	\$
Banner Life (Jackie)	Term Life	\$250,000.00	\$0.00
		\$	s
tirement Benefits and Deferred Co	ompensation (pension plan		), 403(b), SEP)
I-MV and or account balance as of the	ie date of triis affidavit)		MV or Account
Name of Plan	Type of Pla	1 '	Balance
		\$	
		\$	
,			
D	escription	\$	FMV
		<del></del>	<del></del>
l	G1 Vol bl O-11- all	<del></del>	
ner Personal Property Valued C	over \$500		FMV
	escription	<u> </u>	11,000.00
			23,000.00
	tional Other Personal Pi		
	irement Benefits and Deferred Co FMV and or account balance as of the Name of Plan  Name of Plan  ave attached one or more Additions.  uable Collectibles (coins, stamp  D  ave attached one or more Additional Property Valued Collections D  Rolex Watch  JACKIE's Furs	irement Benefits and Deferred Compensation (pension plan FMV and or account balance as of the date of this affidavit)  Name of Plan  Type of Plan  ave attached one or more Additional Retirement Benefits.  Tuable Collectibles (coins, stamps, art, antiques, etc.)  Description  Description  Description  Polex Watch  JACKIE's Furs	ave attached one or more Additional Life Insurance Policies forms.  irement Benefits and Deferred Compensation (pension plan, annuity, IRA, 401(k, FMV and or account balance as of the date of this affidavit)    Name of Plan

j. Transfer or Sale of Assets or Property Within the Last 2 Years With a FMV of at Least \$1,000

Date of Transferred or Sold to Transfer Amount

1. \$

2. \$

☐ I have attached one or more Additional Transfer of Sale of Assets or Property Within the Last 2 Years With a FMV of at Least \$1,000 forms.

them.

7E 202303NH000128 #:120

oout lawsuits and aims you have filed or	16. La	wsu		ims (workers' compe ase Number			r Claim Filed	Amour	nt Recovered
ave been filed against		1.	22 AR 1330		01/22/2023			\$16,31	0.20
ou. If you did not cover anything, enter		2.						\$	
). If your case is still		3.						\$	
nding or has not yet en filed, enter aknown.			ave attached	d one or more Additi	onal Lawsuits a	and C	laims forms.		
awsuits and Claims, she in Additional awsuits and Claims orms and attach them.					and for the La	ct 2 \	Voare (federal a	nd state	
h 17, enter information bout your federal and	17. In	com	The state of the s	nds or Amounts O		512		tate	10000
tate tax returns for the		-	Tax year	Refund	\$24,343.00	V	Refund	1010	\$1,709.00
ist 2 years. Check		1.	2021	☐ Amount Owed	\$	17	Amount Owed		\$
tefund if you received noney or a check, or		-		Refund	\$48,436.00	Image: Control of the con	Refund		\$12,520.00
Amount Owed if you		2.	2020	☐ Amount Owed	\$	1 1	Amount Owed		\$
owed additional taxes.			L	Amount Owed	Ψ	housed	, , , , , , , , , , , , , , , , , , , ,		
MPORTANT: If you significant penalties at Under the Code of Civil Procedure, 735	l ce	rtify	that everyt	sly enter inaccurate costs and attorney's hing in the <i>Financia</i> rement on this form	al Affidavit is t	rue a	nd correct. I ur	nderstan	d that
making a statement on this form that you know to be false is perjury, a Class 3 Felony.  After you finish this	You	r Sig	nature		Your Nan	ne			

# Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page: 76 of 392 Page D#:139

In 16, enter information about lawsuits and claims you have filed or have been filed against you. If you did not recover anything, enter \$0. If your case is still pending or has not yet been filed, enter unknown.

If you have more than 3 Lawsuits and Claims, list them in Additional Lawsuits and Claims forms and attach them.

In 17, enter information about your federal and state tax returns for the last 2 years. Check Refund if you received money or a check, or Amount Owed if you owed additional taxes. 16. Lawsuits and Claims (workers' compensation, disability, etc.)

	Case Number	Date Lawsuit or Claim Filed	Amount Recovered
1.	22 AR 1330	01/22/2023	\$16,310.20
2.			\$
3.			S

☐ I have attached one or more Additional Lawsuits and Claims forms

17. Income Tax Refunds or Amounts Owed for the Last 2 Years (federal and state)

	Tax year	Feder	ral		State	
	2004	☑ Refund	\$24,343.00		Refund	\$1,709.00
1.	2021	Amount Owed	\$		Amount Owed	S
_	0000	☑ Refund	\$48,436.00	V	Refund	\$ 12,520.00
2.	2020	Amount Owed	\$		Amount Owed	5

**IMPORTANT:** If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees.

Under the Code of Civil Procedure, 735 IL S 5:1-109, making a statement on this form that you know to be false is perjury, a Class 3 Felony.

After you finish this form, sign and print your name and date it I certify that everything in the Financial Affidavit is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under

735 ILCS 5/1-109.

Your Signature

Your Name

dison Sample Jr

5-24-2023

Date

DV-A 120 3

**Print Form** 

Page 10 of 10

(06/21)

Save Form Reset Form

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STATE OF IL CIRCUIT C	-		FINANCIA (FAMILY & D				
DuPage S	COUNTY	B	Pre-Judgmen	☐ Pos	t-Judgment		
Instructions	·						Ž.
nter above the			***	÷			The state of the s
ounty name where he case was filed.	Madison Sa			•			1
mer name of the	Petitioner	(First, mic	idle, last neme)		·		
elitioner, the tespondent, and the ase number as listed	<b>%</b> -						
n the initial Petition	Jackie L. S	amrie	,		-	2023 DN 000129	
r Complaint.			middle, last name	)		Case Number	· 4
Enter the Case Number given by the Circuit Clerk.			3				****
	* ** ***		-lile-sele optor i	ocarenta o	misleading in	formation on this form, y	vou mav faci
tarificant manchine	ക്കർ മെക്കില	e intitt	ina caele and All	omevs tees	s: 12) ir vou ne	eo more room ioi a secu	iori' emithien
كالحال سماة طمسووس فسم	Hand Interne	skanlfam	e fectoal section	) Fig not till	e mis accumei	n ano me enclosures w	[[]] I(]& Anch
Clerk unless a local	rule or court	order rec	quires you to do	so. Ask the	Citonic Pleak A	here to find these rules.	
VOTE: Do not include n this allidavit any	1, lan	the [	Petitioner	☐ Resp	ondent in thi	s case.	, ,
Social Security or	2, Isw		ffirm the inform	ation in thi	s Financial A	ffidavit and all attache	d statement
ndividual texpayer- dentification numbers,	,			06/27/2023			
driver's license			`	Date			· · · · · · · · · · · · · · · · · · ·
numbers, financial account numbers, or			\$				
debit or credit card numbers. If any of						documents (Check all the	жарру, тоо
these items are	1 . 1		nese documents if stubs or other pr		2		
included on documents you are going to attach			ne tax returns (ii			ali schedules.)	₩"
to this affidavit, hide	C.	≥ Hank	statements	•			
them by covering them with black ink or	d.	☐ dine	r documents in v	erifying you	debts in 14 a	nd your essets in 15:	1 1 N
otherwise removing.		1					
In 3n-d, check the		4-				<del></del>	
boxes of the documents you are			about myself			Sample Jr.	•
attaching to this form as evidence of your	a,	Name 7	nadison First :		Middle	Last	<del></del>
income, ussets, and	b.	Phone N		873-3241			4.
debis, If you select 3d, enter the names of the	C	Homa A	ddress 9476 Fa	ling Water I	rive East		
additional documents			•	idress, Apt.		COEO7	
you are attaching.		Burr Rid City	ge	<del></del>	IL. State	60527 ZIP	<u> </u>
In 4, do not complete 4b and 4c if your contact information is	d.	- 1	Birth <u>06/29/19</u>	65		<del></del> ,	5 X
protected pursuant to.	5. inf	omalia.	n about other h	ousehold n	embers		
court order because of domestic violence or	. a. m					enses. This person is no	ot the Petitio
abuse.	1		ondent in this c			•	1
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		<u> </u>		Page 1 of 10			3 (0
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Page 1 of 10

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1	Case: 1:24	. 1		194724 Page 78 of 392 PagelD	#.141
In 6, check a	Lithat 6.		yment/Business		3 %
apply. Provid	leall	a lam	unemployed		<u>\$</u>
information, requested ab					\$
iopa includi			employed by someone else		- <del>-</del>
full-time, pa	t-time,		ver name		
temporary, c		Emplo	yer address		
or other wor Provide all t		` :	Caled Famous A.		ž
requested		City		State ZIP	
information			er of paychecks per year.	[ fr	nes a month)
any busines:		*		26 (every two weeks) 🔲 52 (weekl)	<b>)</b>
the business	income.	, ·	) <u> </u>	I am paid in cash	<b>*</b>
If you have	тоте	Ì	įs.		Coo.
than one job	or			ductions) so far this year \$174.513	<u>:93</u>
business, fil	out and	as of	06/27/2023		
attach the A		ě.	Date		
Business fo	ms.	•			<u>-</u>
In 6b, enter	your	c Self-E	mployment or Other Business I	income;	* s#
toinl gross i		•	Own a business as a sc		•
from this er	nployer	·	as an independent con		· *
this year th		\$	as a member of a partr	lersnip.	i sera
date you co			) . <del></del>	ed liability company (LLC) not treated	rei'ei'
this form.			corporation.	1	-
In 6c, chec		•	Closely held corporation		
that best de	scribes		other flow-through bus ess name: Bemstein & Reik		•
employme	nt. and/or	Busir	ess name: Bemstein & Heiki ess address: 9476 Falling Wat		
the box tha	<b>t</b>	Busi	Street Address, A	oi.	*
describes t		Burt	Ridge	IL 605	527
business ye List the na		City		State ZIF	
address of	the	1	la di	and so far this year	\$96.731.25
business,		Gros	business receipts for last year	and to come on the business for	
gross rece last year a		Ordi	and necessary expenses to	equired to carry on the business for	
year.		this	ear \$94,715.30 and last ye	from the business (check all that epp	aliale i
			pureceive any or the following:  Reimbursed meals	IIOIII (14) Originada (origoni, pr. p. 14)	
1		( <b>1</b> )	<del></del>		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
			Company car Free housing or housing all	nuance	3
ž,			Other: Reimbursed Hotel/	AirBnB travel	*
1			<u> </u>		
		-4"	1	business tax returns for the most recen	
4		∏ithä	ve attached one or more Addition	onal My Employment/Business forms	i i
ž.		پرده سار	<u> </u>		
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DV-A-120	3:		Page 2 of 10	N Comment	(06/21

	•		4		
In 7n, check only	7.	My	gross	income and taxes from last year ing status	Single .
onel		a.	Taxfi	and states for the time to the	<b>.</b>
In 7n-e, enter the			٠.	· [1] (1002 of (1000)	
information you		þ.	Numit	er of dependent exemptions claimed 1	ų
submitted on last		ُيع.	Total	number of exemptions claimed 2	
year's IRS tax return.		ď.	l clair	n on my federal tax return	'
If you did not file a tax return for last		•	П	ne standardized deduction	
year, check Did not				emized deductions	
file in 7a, leave 7h-d			Gree	s income (before taxes and deductions) last year \$230,021.48	\$
blank, but still		е.	Giós	o Blockling location and	
complete 7e.					
For help in	8.	My	y mon	hly gross income from all sources	; * *
calculating monthly			Regi	iar employment/self-employment earnings from all jobs (salary, wages,	
amounts, see How to				Day ele-	\$ 24,127.05
Complete a Financial			Ove	IMB processor egy carrer vom sea carrerant for any gam who acrisis and painthe white processor of page before in	<u>\$</u>
Affidavit (Family & Divorce Cases).			Com	MISSION	<u>\$</u>
				وم حوه مده مره مره مره مره مره مره مده ومو مده عمو مده عمد عمد ومد مده ومد ومخ ومخ هشمه ما نابه مرم آلمته مري وتشاك سراه	\$
In 8, Regular			nps	Para mena ant and una gaman are and are and are and are and and are and unapide and	\$ .
employment earnings mean the			ROU	the state of the second	\$
montaly gross		•	Pen	The seconds in the second second of the second of the second of the second second second second second second	\$
income you receive	٠		Ann	TILY	\$
on a regular basis				est income	
from employment.	1		Divi	end income	\$
			Trus	income par car faprisir and an areas are since and a far a	<u>\$</u>
•			Sec	al Security Retirement	<b>.</b>
ģ			Soc	al Security Disability	\$
			Soc	al Security Income (SSI) (not included as income for child support purposes	<u>\$</u>
. L			line	mployment.	· · • · · · · · · · · · · · · · · · · ·
ě			Die	bility payment (not Social Security)	\$
₹			1850	kers' Compensation	
<b>4</b>			AAO	F and SNAP (not included as income for child support purposes)	\$
1			I AI	AL SUG 21A4L (not monden as promise on emp cobbert harbardan	S.
				ary allowances	R
\$. \$				stment income	\$
77			Re	lal income	
Į			Pai	nership income	3
s and si			Dis	ributions and draws	\$
1			Ro	vally income	3
If you have other	7		h#c	interance received under an order entered in this case or another case	
income not listed in	1		the	you must report as income on your tax return	· <u>\$</u>
8, describe the source	<b>D</b> :		Me	intenance received under an order entered in this case or another case	i.
of the income in			the	you do not have to report as income on your tex return	<u>\$</u>
Other and enter the	1		Ch	ilid support for children of this relationship (if this support is paid by the other	3 <b>7</b>
monthly emount.	1		UĮ:	rent, it does not affect the support calculation)	<u> </u>
v	-		pa	cial Security payment made to the children of this relationship based or	
In Total Gross	1.		50	real Security payment made to a security or retirement	S
Monthly Income, add the amounts in 8	.		yo	al disability of lemanian processes of the second s	5
together and enter th				s of money	s
total.			O	her:	· · · · · · · · · · · · · · · · · · ·
	اــ		•	Total Gross Monthly Incom	e 5:24/127.0
\$ \$			ř 1	Total district marsell disease	
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. Case: 1:2	24-cv	-12470	Document #: 1-1 Filed: 12	4646000 0000 2000 DN 000129#1	13
		!			
In 9, use information	9.	My mon	hly payroll deductions	and the second s	\$ 5,698.00
from your paystabs, tax records, and other		Fede	al tax.	<ul> <li>กูลาสุของ ข้างข้างเข้าที่กุลของ ของ ของ ข้างกับ ของ ของ ของ ของ ของ ของ ของ ของ ของ ของ</li></ul>	\$ 1,185.00
sources to identify the		State	lax	and the state of t	\$ 828.00
deductions being taken		FICA	(or Social Security equivalent, for e	xample, Self-amployment) tax)	\$ 417.00
from your income. List		Medi	are tax	nau wen nas avo ass, san ann an alsafanon as feo glad annan an afa	411100
money deducted for health insurance below		Magu	atory retirement contributions (	y law or condition of employment, but	una e
in Section 13.		oniv i	no FICA or Social Security equival	PN1)	\$
In Total Monthly					S 8,128.00
Deductions, ald the		Á	<b>;</b>	Total Monthly Deductions	(2) Directory
amounts from 9	· !		,	:	
together and enter the	10.	Monthly	maintenance payments		j Ļ
In 10, list any	.,	Mair	tenance being paid or payable i	o the other party by you under a court	
maintenance payments		orde	cin this case		<u>\$ ;                                    </u>
you are making. If you are not sure about		Main	lenance being paid under a cou	nt order to a former spouse by you,	
whether your payments		นเกริเ	h is tax deductible to vou	An and the the the end war the sale on a business and belongs being business.	\$
are tax-deductible.		Mon	tenance being naid under a cou	rt order to a former spouse by you.	
speak to your altorney	1	MICH	it is not too doductible to you	A now and was son was one was adopted any day, day, day, day and day any	\$ :
or tax-preparer. Generally, maintenance		MUİC	u is lot the deducable to Journ	***************************************	
payments court ordered				Total Maintenance Payments	\$ 0.00
nfter January 1, 2019		1	<u>ት</u> ኌ		· · ·
are not tax deductible.	Ĭ .		* · · · · · · · · · · · · · · · · · · ·		
For 11, attach a copy of	11.	Month	child Support payments		•
the support order and proof that you are	1	Chi	d support being paid for the chil	dren of this relationship under a	\$:
making the payments,		coin	t order in this case or a differen	Case, any or an over you can be the product of the case	
e.g. cancelled checks,	1	Chi	d support being paid under a co	art order for children not shared with	s
court records.	1	the	other party and who are not par	of this case	3
	-	Chi	d support being paid, but there	is no court order, for children not	
For help in calculating	7	sha	red with the other party and who	are not part of this case and (1)	•
monthly amounts, see	1	thà	are presumed to be yours. (2)	for whom there is a voluntary	4
Haw to Complete a	1	ori	nowledgment of paternity (VAP)	signed by you and the other parent,	j.
Financial Affidavit.	_1	- OE	(2) forwings there is a court of	der naming you as a parent, but there is	*
· <b>-</b>			(3) for which there is a court	and one we have appropriately the same and t	\$
		סת	f f	are dies out and heavily descent the second second	*****
*				Total Child Support Payments	\$ 0.00
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 45	Maran	nthly Living Expenses	,	•
In 12n, enter the amount your household			usehold Expenses		۲, ۱۸
spends on each item	-[	a. MÇ	Programme Exhauses	ds grader 40s side of state try passed top and the title did shares.	\$ 6,300.00
each month		mi T	and the contract of the second	wouldade	S
į		Ho	ome equity (MELUC) and second	MOI Balles on the was to un and an and an analysis of the section	
*		R	al estate laxes	dues and assessments	\$ 321.00
*		Ho	meowners or condo association	Hors and seesing the transfer and the tr	\$ 440,00
	_	H	meowners or renters insurance	oga dan kapang gou haa dan kah suonga Adandar Ada (sasuanan bespe	\$ 420.00
If you have other livin	g	G	5	wada bad dary oup aga not aga oup abouton the way you deaded against	\$ *280.00
expenses not listed in		E	¢citic		\$ 160.00
12a, describe the	-	Ţ	ephone	ng ang ana ang ang ang ana ang ang ang a	
enter the monthly		Ć	ble or satellite TV	ens productionality grande describe une gegenera von seu esa con menena	
amount.		ic	lemet		<u>\$:</u>
Y		1/1	leter and sewer		S: 250.00
:		ان د	arbade removal		\$ 60,00
Š		\$.	anndry and thy cleaning	and the members are purply and placed and another experience are and	\$ 100.00
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DV-A 1203			1		

Case: 1:24-	-cv-12470 T	DOCUMENT ##1 e1-Filesterledge	04/204 Finagh Clerk St 392 Page ID #:	<del>144</del>	
Ouse: 1.24	· I	,			
; }	House	cleaning service	. १ तम १९१५ व्यक्त व्यक्त व्यक्त व्यक्त व्यक्त व्यक्त व्यक्त व्यक्त व्यक्त व्यक्त व्यक्त व्यक्त व्यक्त व्यक्त	5	150.00 500.00
In Subtotal Monthly	Nacas	sary repairs and maintenance to	my property advantable services and the	· —	SOULDU.
Household Expenses,	المناط	m:	and grantes gas and a se assessment are upon a section as a section as	\$	<u> </u>
add the amounts in 12a	Gmest	ies household supplies, and to	enes	\$	1,200.00
together and enter the	Other	ζ (		\$	
tout,	On or	Sub	otal Monthly Household Expanses	15	11,998.00
•	ş		•	•	٤
	In Teneder	ortation Expenses			ŝ
In 12b, enter the amount you spend	D. Hells	Amoni	od f figo workers of a symmeton door was any of he deb by a pri of t be	، <u>\$</u>	
monthly on each type of		workeneers		\$	200.00
transportation expense	Inches	nce license registration and ci	y sticker	<u> </u>	260.00
If you have other transportation expenses	Commo	ina	·····································	\$	700.00
not listed in 12b,	Tavi	ida.chare bus and train	سابق موقد کست. دول ساب چرچ و دو	<b>&amp;   &amp;   &amp;   &amp;  </b>	
describe the expense in Other and enter the	Bork				50.00
monthly amount.	Other			\$	)
	Cale	Subtota	I Monthly Transportation Expenses	\$	1,210.00
In Subtotal Monthly Transportation	· [			•	4.
Expenses add the		mal Expenses			ŧ
amounts in 12b together		mai Expenses  cal (out-of-pocket expenses)		•	
and enter the total.	Miéda		er era esa esa en estados de destados de estados estados de estados estados estados en estados estados en esta	\$	200.00
In 12c, enter the amount you spend monthly only	- 1	This and counseling	den pon des gas gas non over des parales des parties des parties que parties per parties de la partie de la p	<b>8</b> 8 8 8	
for yourself on each		Interapy and consense		\$	25.00
type of expense. Do not	{	Délisi stir ourocome	# 840 - 10 262 402 264 - 20 205 254 504 200 407 5 20 2 24 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u>s</u>	25:00
include expenses you are reimbursed for			Gaber az Éstaque pira que que que la meditida éstadonis bancista de la propieta de la companya del companya de la companya del companya de la companya del la companya de l	Ş	70.00
through insurance or		;	Caber - 22 fra quegator que que la sera tida des apara francis de sera esta fac	**	ý
your employer.	Life	nsurance		* \$	360.00
i		Life (term)		\$ 3	
and the control of th		Line (whole or annumy)	ar san and and and are not not per hade not not and it is given and and and and and and and and and an	essent colto	150.00
***	Clot	ing.	respontate ne respectate en tabace en trafactuares non temperatural es en el presentat es en el presentat es en el presentat e	§ 3	100.00
	Gro	ming (nair, nais, spa, etc.)	en ban dan en han merikan delan derang und un en une ane une partura da	19	<b>)</b>
	Gym 	& Clim Mettine set and hobb	OS: ro rod and roa de production of the second of the second seco	1 3	100.00
	Ente	Mainment, thinking out, and those	iptions		120,00
If you have other	New	spapers, magazines, ziju subs	to the service and the manufaction of the manufaction and the service services the services and the services are the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services and the services are the services and the services and the services and the services and the services and the services and the services		3
personal expenses not listed in 12c, describe	Gilt	Allen and door over the way and high the best door help a second as			
the expense in Other	Dơn	ations (political, religious, charily, e	C.) and the victor and second and and budges heefige	and the last	200.00
and enter the monthly amount.	Vac	ations	or professional association dues		\$ 200,00
7.1	Már	idatory or voluntary union, trade	Of pidlessional association discussion	4 -	\$ 100.00
In Subtotal Monthly		5	eparers, attorneys)	· •	\$
Personal Expenses, add the amounts in 12c	Oth	or	Subtotal Monthly Personal Expense	s	\$2,192.00
together and enter the	_	, 1	Subjustanting Letonian	~; ·L	
total. ,				•	
In 12d, enter the	d, Min	or and Dependent Children Exp	erises		\$
minount spent monthly for the minor mid	Clo	ning			S.
dependent children of	, ,	•	de de ant resume an helpfill bad det nor en reberse és par par de de	4	
this relationship only.	Edi	position	2. ***	इ:	\$.
		Tuition	na apa nan kaharapan hain nakan nakaharan nakaharan sa kaharan sa kaharan sa kaharan sa kaharan sa kaharan sa k		S
ų : :	\$	Books, fees, and suppl	IBS - re un recommendation de commente com con esta de conque	•	\$
<b>\$</b> 5	· · · · · · · · · · · · · · · · · · ·	School junch		• ,	·\$
ر بو ن	25 . 14	Transportation	dan new akarasa ina dikena ako naki manistra kise aan onto are aan ana ta		<del></del>
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			1	School-sponsored trips and special events,	<u>~</u>	
	¥ ₹		- 11	Uniforms	\$	·····
	<b>.</b>		<b>,</b>	Before and after-school care	\$	
				Before and affer-school cale	S	
			· 1	Tutoring and summer school		Ţ
r			Medic	al (aut-at-packet excenses)	2	• '
	in Medical, do not	vi.	Marrid	Doctor visits	<u>\$</u> ;	
ľ	include expenses you are reimbursed for			Therapy and counseling	\$	.ė
ľ	through insurance or			Therapy and counseling	3	
l	your employer.			Dental and orthodontia	S	2
i				Colical	-	
	<b>1</b>			Wedicine	\$	
	\$			Marion forester as and as a second	\$	
	; }-		Allow	ance	\$	
	¥ ,		Child	are and sitters		
			Fxtta	curricular activities and sports (including equipment, uniforms, etc.)	\$	
-			C	ner and school-break camps	*	*
	If there are other child-		Smith	IN STATE OF	\$	
	related expenses not		Vaca	ions (children only)	ė	
	listed in 12d, describe the expense in Other		Enfe	tainment, dining out, and hobbies (children only)	\$,	<del> </del>
	and enter the amount.			children give to others	<u>5.</u>	
	mickey decimaling				\$	•
	In Subtotal Monthly		Othe		S	.0.00
	Minor and Dependent			Subtotal Monthly Minor and Dependent Children Expenses	14	
	Children Expenses,		1		E.	
	add the amounts in 12d		·	Total Monthly Living Expenses (add the sublotals from 12a-d above)	3 7	5,400.00 j
	together and enter the					
	total. «					
	In 13, enter information	13.	· · · · · · · · · · · · · · · · ·	nsurance		
	about the primary		Iha	e health insurance:    Yes    No		
	health insurance you		The	insurance company is: Blue Cross Blue Shield of Illinois		•
	have for yourself and		The	type of insurance is:   Medical  Dental  Optical		
	your family.		5100	inclible: Per individual \$ 1,000.00 Per family \$ 2,500.00	•	
	If you have more than		บตุเ	Dulleyor F and strangers of the stranger	-	
	one Health Insurance	l	it co	terar [E] me	•	
	carrier, then list other health insurance		Typ	of Policy: THMO PPO TOmer		a to section
	company in the	1	Pro	vided by: Employer Private Policy Other Group Me	aicaia)	All Kids
	Additional Health	1		thly cost is paid by:  Me  My spouse  Other		···
	Insurance forms and	l	IAIOI			•
	attech it.	]	Tot	el number of people covered by this policy: 2		
		_	•	San abilities of this polationships	· Ś	
	j i		The	amount I pay monthly for insurance for children of this relationship:	<u> </u>	<del>- , - : -</del>
	<u>}</u>		,			*
	. <b>j</b>		This	amount I pay monthly for deductibles, co-insurance, and co-payments		
	, and a second		t the	the states of the minimaking	\$	2,300.0
	j.		TOF	he children of this relationship:	4.7	
	\$			Total Monthly Health Insurance C	ost S	2,300.00
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	į		_ ∐ մի	ave attached one or more Additional Health Insurance forms.		
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claims you have filed or		Cắc Ni	umber	Date Lausuit	er Claim Filed		Recovered
there been filed against you. If you did not	7. 2	AR 1330	toj	12212023		516,31	).20
recover anything enter	21	1.				8	
50. If your case is still periding or has not yet	3.			<del></del>		<u>\$ :</u>	
been filed, enter	☐ I hav	attached one	or more Additional	Lawsuits and	Claims forms.	•	*
unknown.	, 1	ł					
If you have more than 3   Lawsuits and Claims,	11	,					
list them in Additional						•	
Lawsuits and Claims fortus and attack them.	11	Ž.				į	
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last 2 years. Check Refund if you received	1. [2	7 T	nount Owed S	1	] Amount Owed	<del>يُ ب ســـــن</del>	5
money or a check, or		☑R	efund 54		2 Refund	;	\$12,520.00
Amount Owel if you owed additional taxes.	2.2	UZU DA	mount Owed \$	i E	Amount Owed	<del></del>	<u>s</u>
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# Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 87 of 392 PageID #:150 This form is approved by the Illinois Supreme Court and is required to be used in all Illinois Circuit Courts.

CTATE OF ULLWOID		,		<del> </del>	For	Court Use Only
STATE OF ILLINOIS, CIRCUIT COURT		FINANCIAL AFFIDAVIT (FAMILY & DIVORCE CASES)				·
DuPage	COUNTY	☑ Pre	-Judgment	☐ Post-Judgme	nt	
Instructions -						
Enter above the county name where the case was filed.	MADISON SA				_	
Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition	Petitioner (Firs	t, middle, l	ast name)			
or Complaint.	JACKIE L. SA				2023 DN 0	00129
Enter the Case Number given by the Circuit Clerk.	Respondent (	irst, middl	e, last name)	·	Case Num	ber
significant penalties and attach the Addi	and sanctions, in tional Information rule or court orde  1. I am the 2. I swear	cluding co form for to requires Pe or affirm	ests and attor that section. you to do so etitioner the informat ect as of 0	ney's fees; (2) If you Do not file this docu. Ask the Circuit Cle  Respondent in this Financia	need more room ment and the encit where to find the this case.	nis form, you may face for a section, complete losures with the Circuit ese rules.
account numbers, or debit or credit card numbers. If any of these items are included on documents you are going to attach to this affidavit, hido them by covering them with black ink or otherwise removing.	3. I attached the most recent copies of the following documents (Check all that apply. Y must attach these documents if you have or can get them.)  a. pay stubs or other proof of income b. pay stubs or other proof of income b. income tax returns (including K-1, W-2, 1099, and all schedules.) c. bank statements d. other documents in verifying your debts in 14 and your assets in 15:					
In 3a-d, check the boxes of the documents you are attaching to this form as evidence of your income, assets, and debts. If you select 3d, enter the names of the additional documents you are attaching.  In 4, do not complete	a. Nam b. Phor c. Horr <u>Plair</u> City	e <u>Madisc</u> First ne Numbe e Addres	or (847) 87 s 12638 S Ta Street Addre	albot Circule ess, Apt. IL State		sampte, Jr.
4b and 4c if your contact information is protected pursuant to court order because of domestic violence or abuse.	5. Informa I live	with ano		sehold members o helps me pay my e	•	son is not the Petitioner

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In 6, check all that My Employment/Business apply. Provide all a. I am unemployed information requested about your b. I am employed by someone else jobs, including all Employer name full-time, part-time, temporary, contract, Employer address or other work. Street Address, Apt. Provide all the requested ZIP State information about ✓ 12 (monthly) 24 (two times a month) Number of paychecks per year: any business you own or operate and I am paid in cash the business income. If you have more than one job or \$294,962.00 Gross income (pay before taxes and deductions) so far this year business, fill out and as of 12/04/2023 attach the Additional Date My Employment/ Business forms. c. Self-Employment or Other Business Income: In 6b, enter your total gross income own a business as a sole proprietorship. from this employer as an independent contractor. from January 1 of as a member of a partnership. this year through the as a member of a limited liability company (LLC) not treated as a date you complete this form. corporation. closely held corporation. In 6c, check the box that best describes other flow-through business entity. your self-Sample Anesthesia Limited (incorporated March 29, 2023) Business name: employment, and/or Business address: 9476 Falling Water Drive East the box that Street Address, Apt. describes the type of Burr Ridge 60527 business you have. State ZIP List the name and City address of the business, and the Gross business receipts for last year \$ and so far this year \$ 173,644.72 gross receipts for Ordinary and necessary expenses required to carry on the business for last year and this and last year \$ уеаг. Do you receive any of the following from the business (check all that apply): □ Reimbursed meals Company car Free housing or housing allowance Other: reimbursed travel and lodging (You must attach complete federal and state business tax returns for the most recent tax year.) ☐ I have attached one or more Additional My Employment/Business forms.

Page 2 of 10 (06/21)

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In 7a, check only	7.	My	gross income and taxes from last year		
one.		_	Tax filing status Married (Joint) Married (Separate)	コ	Single
In 7a-e, enter the			☐ Head of Household ☐ Did not file		_
information you		b.	Number of dependent exemptions claimed _1		
submitted on last		C.	Total number of exemptions claimed 2		
year's IRS tax return.		d.	I claim on my federal tax return		
If you did not file a tax return for last		٠.	☐ the standardized deduction		
year, check Did not			itemized deductions		
file in 7a, leave 7b-d		е	Gross income (before taxes and deductions) last year \$230,021.48		
blank, but still		Ο,	4 LOGICE 13-10		
complete 7e.	_				
For help in calculating monthly	8.	Wy	monthly gross income from all sources		
amounts, see How to			Regular employment/self-employment earnings from all jobs (salary, wages		
Complete a Financial			base pay, etc)		\$ 26,814.73
Affidavit (Family &			Overtime		\$ \$
Divorce Cases).			Commission		\$
In 8, Regular			Tips		\$
employment			Bonus		\$
earnings mean the monthly gross			Pension		\$
income you receive			Annuity		\$
on a regular basis			Interest income		\$
from employment.			Dividend income		\$
	-		Trust income		\$
			Social Security Retirement		\$
			Social Security Disability		\$
			Social Security Income (SSI) (not included as Income for child support purpose		\$
			Unemployment	•	\$
			Disability payment (not Social Security)		\$
			Workers' Compensation		\$
			TANF and SNAP (not included as Income for child support purposes)		\$
	r		Military allowances		\$
			Investment income.	_	\$
			Rental income		\$
			Partnership income		
			Distributions and draws		\$ \$
			Royalty income		\$
If you have other	1		Maintenance received under an order entered in this case or another case		
income not listed in			that you must report as income on your tax return		\$
8, describe the source			Maintenance received under an order entered in this case or another case		
of the income in			that you do not have to report as income on your tax return	_	\$
Other and enter the monthly amount.			Child support for children of this relationship (if this support is paid by the oth		<u> </u>
monuny amount.			parent, it does not affect the support calculation)		\$
In Total Gross	1		Social Security payment made to the children of this relationship based or		<u>.*</u>
Monthly Income,	]		your disability or retirement		\$
add the amounts in 8	1		Gifts of money		\$
together and enter the			00-		\$
total.			Other:		Ψ
	4		Total Gross Monthly Incon	ne	\$ 26,814.73

DV-A 120.3

9. My monthly payroll deductions	
Federal tax	\$ 6,552.70
State tax	\$ 1,362.75
FICA (or Social Security equivalent, for example, Self-employment) tax)	\$ 952.00
Medicare tax	<b>\$ 479.5</b> 5
Mandatory retirement contributions (by law or condition of employment, but	
only if no FICA or Social Security equivalent)	\$
Total Monthly Deductions	\$ 9,347.00
10. Monthly maintenance payments	
Maintenance being paid or payable to the other party by you under a court	
order in this case	\$
• • • • • • • • • • • • • • • • • • • •	\$
-	<del></del>
	\$
Which is not tax deductible to you	Ψ
Total Maintenance Payments	\$ 0.00
11. Monthly child Support payments	
• • • • • • • • • • • • • • • • • • • •	
•	\$
	<del></del>
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• • • • • • • • • • • • • • • • • • • •	
acknowledgment of paternity (VAP) signed by you and the other parent,	
OR (3) for whom there is a court order naming you as a parent, but there is	
no support order	\$
Total Child Support Payments	\$ 0.00
12. My monthly Living Expenses	\$ 0.00
	\$ 0.00
12. My monthly Living Expenses	\$ 9,500.00
12. My monthly Living Expenses a. Household Expenses	\$ 9,500.00 \$
12. My monthly Living Expenses a. Household Expenses Mortgage or rent	\$ 9,500.00 \$ \$ 2,000.00
12. My monthly Living Expenses a. Household Expenses Mortgage or rent	\$ 9,500.00 \$ \$ 2,000.00
12. My monthly Living Expenses  a. Household Expenses  Mortgage or rent	\$ 9,500.00 \$ \$ 2,000.00 \$ 321.00
12. My monthly Living Expenses  a. Household Expenses  Mortgage or rent  Home equity (HELOC) and second mortgage  Real estate taxes  Homeowners or condo association dues and assessments	\$ 9,500.00 \$ \$ 2,000.00 \$ 321.00 \$ 440.00
12. My monthly Living Expenses  a. Household Expenses  Mortgage or rent  Home equity (HELOC) and second mortgage  Real estate taxes  Homeowners or condo association dues and assessments  Homeowners or renters insurance  Gas	\$ 9,500.00 \$ \$ 2,000.00 \$ 321.00 \$ 440.00
12. My monthly Living Expenses  a. Household Expenses  Mortgage or rent	\$ 9,500.00 \$ 2,000.00 \$ 321.00 \$ 440.00 \$ 420.00
12. My monthly Living Expenses  a. Household Expenses  Mortgage or rent  Home equity (HELOC) and second mortgage  Real estate taxes  Homeowners or condo association dues and assessments  Homeowners or renters insurance  Gas  Electric  Telephone	\$ 9,500.00 \$ 2,000.00 \$ 321.00 \$ 440.00 \$ 420.00 \$ 290.00 \$ 180.00
12. My monthly Living Expenses  a. Household Expenses  Mortgage or rent  Home equity (HELOC) and second mortgage  Real estate taxes  Homeowners or condo association dues and assessments  Homeowners or renters insurance  Gas  Electric  Telephone  Cable or satellite TV	\$ 9,500.00 \$ 2,000.00 \$ 321.00 \$ 440.00 \$ 420.00 \$ 290.00 \$ 180.00 \$ 265.00
12. My monthly Living Expenses  a. Household Expenses  Mortgage or rent  Home equity (HELOC) and second mortgage  Real estate taxes  Homeowners or condo association dues and assessments  Homeowners or renters insurance  Gas  Electric  Telephone  Cable or satellite TV  Internet	\$ 9,500.00 \$ 2,000.00 \$ 321.00 \$ 440.00 \$ 420.00 \$ 290.00 \$ 180.00 \$ 265.00
2. My monthly Living Expenses  a. Household Expenses  Mortgage or rent	\$ 9,500.00 \$ 2,000.00 \$ 321.00 \$ 440.00 \$ 290.00 \$ 180.00 \$ 265.00 \$
12. My monthly Living Expenses  a. Household Expenses  Mortgage or rent  Home equity (HELOC) and second mortgage  Real estate taxes  Homeowners or condo association dues and assessments  Homeowners or renters insurance  Gas  Electric  Telephone  Cable or satellite TV  Internet	\$ 9,500.00 \$ 2,000.00 \$ 321.00 \$ 440.00 \$ 420.00 \$ 290.00 \$ 180.00 \$ 265.00
	Federal tax

Flousehold Expenses, and address amounts in 12a together and eater the total.   Pet care.   Groceries, household supplies, and tolletries.   Subtotal Monthly Household Expenses   \$ 15,000.00		House cleaning service	<u>\$</u>	150.00
in 12b, ceter the amounts for 12b (ceter the total.)  In 12b, exter the anount you spend monthly not each type of interesportation expenses in Other and cather the total.  In 2b, exter the anounts you spend monthly not each type of interesportation expenses in Other and cather the spenses in Other and cather the spen	In Subtotal Monthly	Necessary repairs and maintenance to my property	\$	500.00
In 12th, cater the mounts you spend monthly one seth type of transportation expenses in 12th together and enter the total.  In 12th, cater the amounts you spend monthly one seth type of transportation expenses in 12th together and enter the total.  In 12th cater the amounts you spend monthly one seth type of the series. Do not include expenses you are reimbursed for through insurance or your employer.  If you have other personal expenses not listed in 12th, clearly the mounts in 12th together and enter the total.  In 12th, cater the amounts you spend monthly one for yourself on each type of expense. Do not include expenses you are reimbursed for through insurance or your employer.  If you have other personal expenses not listed in 12th, clearly the mounts.  In Subtotal Monthly Personal Expenses and electric the monthly amount.  In Subtotal Monthly one for yourself on each type of expense, Do not include expenses you are reimbursed for through insurance or your employer.  If you have other personal expenses not listed in 12th, clearly the mounts.  In Subtotal Monthly Personal Expenses and electric the monthly amount.  In Subtotal Monthly Personal Expenses, add the amounts spent monthly and enter the total.  In Subtotal Monthly Personal Expenses.  If you have other personal expenses not listed in 12th, clearly the personal Expenses.  If you have other personal expenses not listed in 12th, clearly the personal Expenses.  If you have other personal expenses not listed in 12th, clearly the personal Expenses.  If you have other personal expenses not listed in 12th, clearly the personal Expenses.  If you have other personal expenses not listed in 12th, clearly the personal Expenses.  If you have other personal expenses not listed in 12th, clearly the personal Expenses.  If you have other personal expenses not listed in 12th, clearly the personal Expenses.  If you have other personal expenses not listed in 12th, clearly the personal Expenses.  If you have other personal expenses not listed in 12th, clearly the personal		Pet care		
Description   Subtotal Monthly Household Expenses   \$ 15,696.00		Groceries, household supplies, and toiletries		1,200.00
In 12b, enter the amount you spend monthly or each type of transportation expenses not fisted in 12b, describe the expense in Other and cather the amount you spend monthly amount.  In Subtotal Monthly Transportation expenses not fisted in 12b, describe the expense in Other and cather the monthly amount.  In Subtotal Monthly Transportation Expenses Medical (out-of-pooked expenses)  In Ize, earlier the amount you spend monthly only find the monthly only find the total.  In 12b, enter the amount you spend monthly only find the monthly only find the total.  In 12b, enter the amount you spend monthly only find the monthly only find the total.  In 12b, enter the amount you spend monthly only find the monthly only find the monthly only find the total in 12b, describe the expense you are reinbursed for Medicine.  Life (whole or annultty).  If you have other personal expenses not fisted in 12b, describe the expense in Other and enter the nonthly annount.  In 12b, enter the monthly enter the find the total in 12b, enter the continuation of the minor and dependent children of the total.  In 12b, enter the monthly enter the find the total in 12b, election the continuation of the minor and dependent children of the minor and dependent children of this relationship only.  In 12b, enter the monthly enter the find the total in 12b, election the text of the minor and dependent children of this relationship only.  In 12b, enter the monthly enter the find the total in 12b, election the text of the minor and dependent children of the minor and dependent children of this relationship only.  In 12b, enter the monthly enter the find the text of the minor and dependent children of this relationship only.  In 12b, enter the minor and dependent children fixed the text of the minor and dependent children fixed the text of the minor and dependent children fixed the text of the minor and dependent children fixed the text of the minor and dependent children fixed the total in 12b, enter the minor and dependent children fixed the text of the			\$	
mounty you spend monthly onesh type of transportation expenses in Other and center the monthly amount.  In 2c, enter the amounty prof expenses of through insurance or your employer.  If you have other personal expenses not listed in 12c, describe the expense in Other and center the monthly amount.  If you have other personal expenses or through insurance or your employer.  If you have other personal expenses not listed in 12c, describe the expense in Other and enter the total.  In 18 bubtotal Monthly Transportation Expenses Medical (out-of-pocket expenses)  If 12c, enter the amounty prof expenses, 2 of through insurance or your employer.  C. Personal Expenses will be expense from the personal expenses or fatrough insurance or your employer.  If you have other personal expenses not listed in 12c, describe the expense in Other and enter the monthly amount.  In Subtotal Monthly Personal Expenses, and different and enter the monthly amount in 12c, describe the expense in Other and enter the monthly amount.  In Subtotal Monthly Personal Expenses, not listed in 12c, describe the expense in Other and enter the monthly amount.  In Subtotal Monthly Personal Expenses, not listed in 12c, describe the expense in Other and enter the monthly amount.  In Subtotal Monthly Personal Expenses, not different and enter the monthly amount.  In Subtotal Monthly Personal Expenses, of the personal expenses of listed in 12c, describe the expense in Other and enter the monthly amount.  In Subtotal Monthly Personal Expenses, of the monthly amount in 12c, describe the expense in Other and enter the monthly amount.  In Subtotal Monthly Personal Expenses, and dependent children expenses of listed in 12c, describe the expense in Other and enter the monthly amount.  In Subtotal Monthly Personal Expenses of listed in 12c, describe the expense in Other and enter the total.  In 12d, enter the monthly amount in 12c, describe the expense in Other and enter the total.  In Subtotal Monthly Personal Expenses of listed in 12c, describe the expense in O			\$	15,696.00
If you have other personal expenses to the expense in Other and outer the amounts in 12h together and enter the total.  If you have other personal expenses not listed in 12k, describe the expense in Other and enter the total.  In Subtotal Monthly Transportation expenses in Other and enter the subtotal monthly amount.  In Subtotal Monthly Transportation Expenses  Medical fout-of-pocket expenses)  C. Personal Expenses  Medical fout-of-pocket expenses)  Doctor visits.  Subtotal Monthly Transportation Expenses  Medical fout-of-pocket expenses)  Doctor visits.  Subtotal Monthly Transportation Expenses  Medical fout-of-pocket expenses)  Doctor visits.  Subtotal Monthly Transportation Expenses  Medical fout-of-pocket expenses)  Life (whole or annuity).  Subtotal Monthly Transportation Expenses  Medical fout-of-pocket expenses)  Life (whole or annuity).  Subtotal Monthly Transportation Expenses  Medical fout-of-pocket expenses)  Life (whole or annuity).  Subtotal Monthly Transportation Expenses  Subtotal Monthly Transportation Expenses  Ciothing.  Subtotal Monthly Transportation Expenses  Subtotal Monthly Transportation Expenses  Subtotal Monthly Transportation Expenses  Ciothing.  Subtotal Monthly Transportation Expenses  Subtotal Monthly Transpor		b. Transportation Expenses		
Inspectation expenses in Clayer of Expenses on Clayer expenses on Clasted in IZe, describe the expense in Other and cater the monthly expenses or clasted in IZe, describe the expense in Other and cater the monthly expenses or clasted in IZe, describe the expense in Other and cater the monthly expenses or class of the expense in Other and cater the total.  In 12e, eater the amounts in IZb together and enter the total.  In 12e, eater the amounts only for yourself on each type of expense. Do not include expenses or class of the expense in Other and eater the total.  In 12e, eater the amounts your employer.  C. Personal Expenses Medical (aut-of-pocket expenses)  Doctor visits.  Doc		Car payment		
transportation expenses in to listed in 12b, describe the expense in Other and cuter the monthly amount.  In Subtotal Monthly Transportation Expenses, add the amounts in 12b together and enter the total.  In 12c, enter the amount you spend monthly only for yourself on each type of expense, Do not include expenses you are reimbursed for through insurance or your employer.  Life insurance or your employer.  Life (whole or annuitty).  Life (whole or annuitty).  Life (whole or annuitty).  Clothing.  Grooming (heir, neils, spa, etc.).  Life (whole or annuitty).  Subtotal Monthly Transportation Expenses  Medical (out-of-pocket expenses)  Doctor visits.  Doctor visits.  Doctor visits.  Subtotal Monthly Transportation Expenses  Medical (out-of-pocket expenses)  Doctor visits.  Doctor visits.  Doctor visits.  Subtotal Monthly Transportation Expenses  Medical (out-of-pocket expenses)  Doctor visits.  Subtotal Monthly Transportation Expenses  Medical (out-of-pocket expenses)  Doctor visits.  Subtotal Monthly Transportation Expenses  Medical (out-of-pocket expenses)  Doctor visits.  Subtotal Monthly Transportation Expenses  Medical (out-of-pocket expenses)  Doctor visits.  Subtotal Monthly Transportation Expenses  Medical (out-of-pocket expenses)  Doctor visits.  Subtotal Monthly Transportation Expenses  Life (term).  Life (whole or annuitty).  Subtotal Monthly Transportation Expenses  Life (term).  Subtotal Monthly Tr		Repairs and maintenance	\$	200.00
transportation expenses in totated in 12b, describe the expense in Other and catter the monthly temount.  In Subtotal Monthly Transportation Expenses, add the amounts in 12b together and enter the total.  In 12b, enter the amount you spend monthly only for yourself on each type of expense, Do not include expenses you are reimbursed for through insurance or your employer.  Life insurance or your employer.  Life insurance or your employer.  Life (whole or annuitty).  Life (whole or annuitty).  Life (whole or annuitty).  Grooming (heir, neils, spa, etc.).  Gifts.  Life (whole or annuitty).  Subtotal Monthly Transportation Expenses  Medical (out-of-pocket expenses)  Doctor visits.  Subtotal Monthly Transportation Expenses  Medical (out-of-pocket expenses)  Doctor visits.  Subtotal Monthly Transportation Expenses  Medical (out-of-pocket expenses)  Life (numbers)  Doctor visits.  Subtotal Monthly Transportation Expenses  Medical (out-of-pocket expenses)  Doctor visits.  Subtotal Monthly Transportation Expenses  Medical (out-of-pocket expenses)  Doctor visits.  Subtotal Monthly Transportation Expenses  Medical (out-of-pocket expenses)  Life (numbers)  Doctor visits.  Subtotal Monthly Transportation Expenses  Medical (out-of-pocket expenses)  Doctor visits.  Subtotal Monthly Transportation Expenses  Medical (out-of-pocket expenses)  Life (numbers)  Doctor visits.  Subtotal Monthly Transportation Expenses  Life (numbers)  Life (numbers)  Life (numbers)  Life (numbers)  Life (numbers)  Subtotal Monthly Transportation Expenses  Life (numbers)  Life (numbers)  Life (numbers)  Life (numbers)  Life (numbers)  Life (numbers)  Subtotal Monthly Transportation Expenses  Life (numbers)  Life (numbers		insurance, license, registration and city sticker		260.00
In Subtotal Monthly Transportation Expenses, and the emounts in 12b together and cater the total.  In 12c, enter the amount you response to the total type of expense. Do not include expenses you are reimbursed for through insurance or your employer.  If you have other personal expenses not listed in 12c, describe the expenses not listed in 12c, describe the expenses not listed in 12c, describe the expenses not listed in 12c, describe the expenses not listed in 12c, describe the expenses in Other and enter the monthly personal Expenses, and the amount spent monthly Personal Expenses, and the amounts in 12b together and enter the total.  In 12d, eater the amount for the minor and dependent children of this relationship only.  Other:  Subtotal Monthly Transportation Expenses  Medical (aut-of-pocket expenses)  Doctor visits.  Doctor visit			\$	700.00
In Subtotal Monthly Transportation Expenses, and the emounts in 12b together and cater the total.  In 12c, enter the amount you response to the total type of expense. Do not include expenses you are reimbursed for through insurance or your employer.  If you have other personal expenses not listed in 12c, describe the expenses not listed in 12c, describe the expenses not listed in 12c, describe the expenses not listed in 12c, describe the expenses not listed in 12c, describe the expenses in Other and enter the monthly personal Expenses, and the amount spent monthly Personal Expenses, and the amounts in 12b together and enter the total.  In 12d, eater the amount for the minor and dependent children of this relationship only.  Other:  Subtotal Monthly Transportation Expenses  Medical (aut-of-pocket expenses)  Doctor visits.  Doctor visit		Taxi, ride-share, bus, and train	\$	
In Subtotal Monthly Transportation Expenses, add the mounts in 12b together and criter the total.  In 12b, enter the amount to total.  In 12b, enter the amounts on the total.  In 12b, enter the amounts on the total.  In 12b, enter the amounts to total.  In 12b, enter th	Other and enter the	· · · · · · · · · · · · · · · · · · ·	\$	50.00
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In 12c, enter the smount your employer.  Medical (out-of-pocket expenses)  Doctor visits.  Selocol  Madicial cut-of-pocked visits.  Selocol  Medical cut-of-po	Expenses, add the	c. Personal Expenses		
In 12c, enter the amount you spend monthly only for yourself on each type of expense. Do not include expenses you are reimbursed for through insurance or your employer.  Life (term)  Life (whole or annuitty)  Clothing.  Grooming (hair, nails, spa, etc.)  Entertainment, dining out, and hobbies.  Subtotal Monthly  Personal Expenses, und dis amounts in 12c together and enter the total.  In 12d, enter the amount spent monthly for the minor and dependent children of this relationship only.  In Subtotal Monthly Personal Expenses  Clothing.  Grooming (hair, nails, spa, etc.).  Education  Tuitton.  Books, fees, and supplies.  School lunch.  Sochool lunch.		•		
you spend monthly only for yourself on each type of expenses. Do not include expenses you are reimbursed for through insurance or your employer.  Life insurance  Life (term)	In 12c, enter the amount		\$	200.00
Life insurance  Life (term)	you spend monthly only		\$	
Life insurance  Life (term)			\$	25.00
Life insurance  Life (term)			\$	25.00
Life insurance  Life (term)	are reimbursed for		\$	70.00
Life (term) \$ 360.00 Life (whole or annuitty) \$ 242.00 Clothing \$ 150.00 Grooming (heir, neils, spa, etc.) \$ 100.00 Gym & Club membership Dues \$ 45.00 Entertainment, dining out, and hobbies \$ 100.00 listed in 12c, describe the expense in Other and enter the monthly amount.  In Subtotal Monthly Personal Expenses, and the amount spent monthly for the minor and dependent children of this relationship only.  In 12d, enter the anount spent monthly for the minor and dependent children of this relationship only.  Life (whole or annuitty) \$ 360.00 S 100.00 S 1			Ψ,	70.00
If you have other personal expenses not listed in 12c, describe the expense in Other and enter the monthly amount.  In Subtotal Monthly Personal Expenses, udd the amounts in 12c together and enter the total.  In 12d, enter the amounts pent monthly for the minor and dependent children of this relationship only.  Mewspapers, magazines, and subscriptions.  Sight Subtotal Subscriptions.  Sight Subtotal Subscriptions.  Sight Subscriptions.	your employer.		e	000.00
If you have other personal expenses not listed in 12c, describe the expense in Other and enter the monthly amount.  In Subtotal Monthly Personal Expenses, udd the amounts in 12c together and enter the total.  In 12d, enter the amounts pent monthly for the minor and dependent children of this relationship only.  Mewspapers, magazines, and subscriptions.  Sight Subtotal Subscriptions.  Sight Subtotal Subscriptions.  Sight Subscriptions.			4	-
If you have other personal expenses not listed in 12c, describe the expense in Other and enter the monthly amount.  In Subtotal Monthly Personal Expenses, udd the amounts in 12c together and enter the total.  In 12d, enter the amounts pent monthly for the minor and dependent children of this relationship only.  Mewspapers, magazines, and subscriptions.  Sight Subtotal Subscriptions.  Sight Subtotal Subscriptions.  Sight Subscriptions.			<u> <del>0</del></u>	
If you have other personal expenses not listed in 12c, describe the expense in Other and enter the monthly amount.  In Subtotal Monthly Personal Expenses, udd the amounts in 12c together and enter the total.  In 12d, enter the amounts pent monthly for the minor and dependent children of this relationship only.  Mewspapers, magazines, and subscriptions.  Sight Subtotal Subscriptions.  Sight Subtotal Subscriptions.  Sight Subscriptions.			\$	
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If you have other personal expenses not listed in 12c, describe the expense in Other and enter the monthly amount.  In Subtotal Monthly Personal Expenses, udd the amounts in 12c together and enter the total.  In 12d, enter the amounts pent monthly for the minor and dependent children of this relationship only.  Mewspapers, magazines, and subscriptions.  Sight Subtotal Subscriptions.  Sight Subtotal Subscriptions.  Sight Subscriptions.		· · · · · · · · · · · · · · · · · · ·	<u>\$</u>	
Personal expenses not listed in 12c, describe the expense in Other and enter the monthly amount.	70 1 1	·	_	
In Subtotal Monthly Personal Expenses, add the amounts in 12c together and enter the total.  In 12d, enter the amount spent monthly for the minor and dependent children of this relationship only.  Professional fees (accountants, tax preparers, attorneys).  Subtotal Monthly Personal Expenses  \$ 100.0  \$ 100.0  \$ 100.0  \$ 100.0  \$ 2,237.00  \$ 2,237.00  **  **  **  **  **  **  **  **  **	personal expenses not		\$	120.00
In Subtotal Monthly Personal Expenses, add the amounts in 12c together and enter the total.  In 12d, enter the amount spent monthly for the minor and dependent children of this relationship only.  Professional fees (accountants, tax preparers, attorneys).  Subtotal Monthly Personal Expenses  \$ 100.0  \$ 100.0  \$ 100.0  \$ 100.0  \$ 2,237.00  \$ 2,237.00  **  **  **  **  **  **  **  **  **		Donations (political, religious, charity, etc.)	\$	300.00
In Subtotal Monthly Personal Expenses, add the amounts in 12c together and enter the total.  In 12d, enter the amount spent monthly for the minor and dependent children of this relationship only.  Professional fees (accountants, tax preparers, attorneys).  Subtotal Monthly Personal Expenses  \$ 100.0  \$ 100.0  \$ 100.0  \$ 100.0  \$ 2,237.00  \$ 2,237.00  **  **  **  **  **  **  **  **  **	and enter the monthly	Vacations	\$	200.00
In Subtotal Monthly Personal Expenses, add the amounts in 12c together and enter the total.  In 12d, enter the amount spent monthly for the minor and dependent children of this relationship only.  Professional fees (accountants, tax preparers, attorneys).  Subtotal Monthly Personal Expenses  \$ 100.0  \$ 100.0  \$ 100.0  \$ 100.0  \$ 2,237.00  \$ 2,237.00  **  **  **  **  **  **  **  **  **	amount.		\$	200.00
subtotal Monthly Personal Expenses  \$ 2,237.00  Subtotal Monthly Personal Expenses  \$ 2,237.00  \$ 4. Minor and Dependent Children Expenses  Clothing	In Subtotal Monthly	Professional fees (accountants, tax preparers, attorneys)	\$	100.00
Subtotal Monthly Personal Expenses  \$ 2,237.00  \$ 2,237.00  Subtotal Monthly Personal Expenses  \$ 2,237.00  \$ 3  Clothing	Personal Expenses,	Oth	\$	
In 12d, enter the amount spent monthly for the minor and dependent children of this relationship only.  d. Minor and Dependent Children Expenses  Clothing	together and enter the		\$	2,237.00
amount spent monthly for the minor and dependent children of this relationship only.  Clothing		d. Mines and Dependent Children European		
for the minor and dependent children of this relationship only.  Grooming (hair, nails, spa, etc.)		•	æ	
this relationship only.  Education  Tuition		•	<u>*</u>	<del></del>
Tuition			<u> </u>	-
Tuition	this relationship only.	— ··· ·· ··	_	
Books, fees, and supplies         \$           School lunch         \$           Transportation         \$		Tuition	<u>\$</u>	
School lunch			<u>\$</u>	
Transportation <u>\$</u>		•	<u>\$</u>	
		Transportation	<u>\$</u>	

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In 14, enter your debts including credit cards and past due bills. Do not include debt payments previously listed in 12 and 13 above, such as your mortgage or car payment.

If you have more than 4 creditors, list them on Additional My Debts forms and attach them. In Total Monthly Debt Payments, add the Monthly Payment amounts from 14 together and enter the total. Include any debts listed on any Additional My Debts forms.

### 14. My Debts (do not list expenses included in section 12)

	Creditor Name	Describe Nature of Debt (parking tickets, household goods, attorney's fees, etc.)	Amount Owed	Monthly Payment Being Made
1.	Chase Freedom card	Jackle's purchases, living exp	\$ 19,560.0	\$800.00
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$ .	\$

☐ I have attached one or more Additional My Debts forms.

Amount from Additional My Debts (if any)\$

Total Monthly Debt Payments \$800.00

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Note:

Fair Market Value (FMV) is generally defined as a selling price for an item to which an unrelated buyer and seller can agree. For more information on FMV, read *How to Complete a Financial Affidavit (Family & Divorce Case)* available at https://www.illinoiscourts.gov/documents-and-forms/approved-forms/.

In 15a, enter your cash and cash equivalents.
Do not list account numbers.

If you have more than 4 Checking, Savings, Money Market or Other Bank or Credit Union Accounts, list them in Additional Cash and Cash Equivalents forms and attach them.

15. My Assets

a. Cash and Cash Equivalents (list balance as of the date of this affidavit)

Checking, Savings, Money Market, and Other Bank or Credit Union Accounts

		Name of Bank or Institution	Name on Account	Account Type	Balance
	1.	Bank of Amer x2803 (11/30)	Bemstein & Reikes	bus ckg	\$ 5,886.10
	2.	Bank of Amer x3900 (11/30)	Sample Anesth Ltd	bus ckg	\$ 20,408.15
	3.	Bank of Amer x4144 (11/13)	Madison Sample Jr	ckg	\$ 11,528.67
	4.	Chas Schwab x1073 (9/29)	Madison Sample Jr	invest ckg	\$3,000.79

☐ I have attached one or more Additional Cash and Cash Equivalents forms.

Certificates of Deposit (list balance as of the date of this affidavit)

	Name of Bank or Institution	Name on Account	Balance
1.			\$
2.	•		\$
3.			\$

☐ I have attached one or more Additional Certificates of Deposit forms.

Cash and Prepaid Debit Cards (list balance as of the date of this affidavit)

ł		Location of Cash/Card	Held By	Balance
	1.	¢		\$
ĺ	2.			\$
	3.			\$

☐ I have attached one or more Additional Cash and Prepaid Dabit Card forms.

If you have more than 3 Certificates of Deposit, list them in Additional Certificates of Deposit forms and attach them.

A Prepaid Debit Card is a card that can be used to make purchases much as you would use cash. Many prepaid cards carry the brand of a card network, like MasterCard, Visa, or American Express.

If you have more than 3 Cash or Prepaid Debit Cards or locations for your cash, list them in Additional Cash and Prepaid Debit Card forms and attach them.

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investments and		7.0	cks, Bonds, Options, Emp	Dy CC Cloc	K Omnoroung I	10110		
securities.			Company Name	# Share	s Type		Owner	FMV
If you have more than 3	ŀ	1.	,					\$
Investment Accounts and Securities, list them		2.						\$
n Additional Investment	į	3.						\$
Accounts and Securities forms and attach them.		i ha	ave attached one or more	Additional i	Investment Acc	count	s and Securitie	es forms.
If you have more than 3 Investment/Brokerage Accounts, Mutual	1		estment/Brokerage Accou ance as of the date of this affi	davit)	-			<u></u>
Funds, and Secured or			Description of Ass		<del> </del>	Owne		Balance
Unsecured Notes, list		1.	Coinbase (crypto invest)	<del></del>	Madison Sam			\$ 5,147.08
them in Additional Investment/Brokerage	ļ	_	Crypto.com (crypto invest		Madison Sam	<u> </u>		\$ 20,344.03
Accounts, Mutual	1	3.	Celsius (in BK) (crypto inv	est) (1/5)	Madison Sam	ple J	Γ	\$ 170,047.00
Funds, and Secured or Unsecured Notes forms and attach them.			ive attached one or more A I Secured or Unsecured No			kerag	e Accounts, îv	futual Funds,
In 15c, enter information for your real estate,	C.	Rea	al Estate (list FMV and balan	ce due as o	f the date of this	affida	vit)	
including your home if			Address		Name on Tit	le	FMV	Balance Du
you own it.		1.	9476 Falling Water Dr E E	Burr Ridg I	Madison Samp	le Jr	\$ 2,600,000.0	\$ 1,490,000.0
If you have more than 3	Į	2.	653 W 119th St Chicago (	vac lot)	jackie Johnson	1	\$	\$
pieces of Real Estate, list them in Additional	Į	3.	645 W 119th St Chicago		Jackie Johnsor	1	\$	\$
Real Estate forms and attach them.		l b	ave attached one or more.	Additional .	Real Estate for	ms.		
In 15c and 15d, in Balance Due, enter the	. d.		otor Vehicles <i>(cars, boats, tra date of this affidavit</i> )	ailers, motor	cycles, aircrafts,	etc.)	(list FMV and b	alance due as o
total amount remaining on your loan.			Year, Make, and Mo	del	Name on Tit	le	FMV	Balance Du
on your roun.		1.	2016 BMW 750		Madison Samp	le Jr	\$ 18,900.00	\$ 0.00
In 15d, enter		2.	2016 Jeep Cherokee		Madison Samp	le Jr	\$ 14,000.00	\$ 0.00
information about your motor vehicles.		3.					\$	\$
motor venicles.		4.					\$	\$
If you have more than 4 Motor Vehicles, list them in <i>Additional</i>			we attached one or more A	-			S.	
Motor Vehicles forms	e.	Bu	siness Interests (list FMV a				of Ourseashin	ENG/
and attach them.		_	Name of Business		e of Business nestic BCA	% C	of Ownership	FMV
In 15e, enter information about your business		1.	Sample Anesthesia Ltd		-1	<b> </b> -		\$
interests. In Type of	!	2.	Bernstein & Reikes Corp	Doi	nestic BCA			\$
Business, enter whether the business is a corporation, S Corp, or		3. Ih	ave attached one or more	Additional	Business Intere	ests f	oms.	[\$
LLC, etc.  If you have more than 3  Business Interests, list them in Additional  Business Interests forms and attach them.				÷				

FN2 Celsius is in bankruptcy; expected payout is 22 cents on the dollar in Q1 or Q2 202 resulting in approximately \$37,410.34 payout on current balance.

Charles Schwab investor checking account was linked to a brokerage account which was liquidated and cash used to pay subcontractors working on fomer marital residence.

DV-A 120.3

Page 8 of 10

(06/21)

FN2

•	Case:	1:24
about each	ter information in the life insurance in the life insurance in the life insurance in the life in the l	ce
Life Insulist them in Life Insurforms and In 15g, en about retired	ve more than rance Polici in Additional rance Policie. I attach them ater informati rement benefad non-vestor	es, S Lon lits
If you have Retirement and Defe Compens list them in Retirement Deferred	ve more than int Benefits	4
In 15h, er informaticollectible of you have Valuable list them Valuable	nter on for valuat	ole 2
for other property market va	with fair due over \$50	0.
items of I Property \$500, list Additional Personal	Valued Ove them in al Other Property ver \$500 for	er
for assets you trans in the last FMV of a Do not in	ter informati or property ferred or sold 2 years with at least \$1,00 clude income ed above in 8	i k 0.
	ve sold or d more than	2

Name of Insurance Compar	ny Type of Policy	Death Benefit	Cash Value			
1. Banner Life	Term (Madison)	\$100,000,000.				
2. Banner Life	Term (Jackie)	\$250,000.00	\$0.00			
3.		\$	\$			
I have attached one or more Add	iitional Life Insurance Poli					
Name of Plan  I Trust Capital IRA x8989  2.  3. 4.		n I	FMV or Accour Balance 102,806.00			
I have attached one or more Add forms.  Valuable Collectibles (coins, stam)		s and Deferred (				
	<u>FMV</u>					
1. investigation continues						
2.	2.     I have attached one or more Additional Valuable Collectibles forms.					
Other Personal Property Valued  1. investigation continues		\$	FMV			
2.		\$	<del></del>			
I have attached one or more <i>Add</i>	illional Olliel Felsolial Pi	pperty valued OV	ar govo iorinis.			
. Transfer or Sale of Assets or Prop	verty Within the Last 2 Year		at Least \$1,000			
		Date of				
. Transfer or Sale of Assets or Prop  Description  1.	perty Within the Last 2 Year Transferred or Sold to	Date of	Amount			

☐ I have attached one or more Additional Transfer of Sale of Assets or Property Within the Last 2 Years With a FMV of at Least \$1,000 forms.

DV-A 120.3

them,

Assets or Properties
Within the Last 2
Years With a FMV of
at Least \$1,000, list
them in Additional
Transfer or Sale of
Assets or Property
Within the Last 2 Years
with a FMV of at least
\$1,000 forms and attach

In 16, enter information	16. La	<u>IZWSL</u>	its and Cla	ims (workers' comp	ensation, disabi	lity, etc.)	<del></del>
about lawsuits and claims you have filed or				ase Number	Date Law	suit or Claim Filed	Amount Recovered
have been filed against		1.		0 (Jackie, Plaintiff)	01/22/2023	adit of Oldin 1 fred	\$ 16,310.20
you. If you did not recover anything, enter		2.	EE 7 11 100.	b (dadiiio) i idaniiii	- OHEBEOLO		\$
SO. If your case is still		3.		<u> </u>	<del></del>		\$
pending or has not yet been filed, enter unknown.			ave attached	d one or more Addit	ional Lawsuits a	nd Claims forms.	₩
If you have more than 3 Lawsuits and Claims, list them in Additional Lawsuits and Claims forms and attach them.	FN3 Jac	kle re	eceived \$16,3	110.20 as a result of a	car accident.		
In 17, enter information about your federal and	17. in	com		nds or Amounts O Feder		st 2 Years <i>(federal a</i>	<b>and state)</b> State
state tax returns for the			Tax year	☐ Refund	\$ <b>24,343</b> .00	☑ Refund	\$ 1,709.00
ast 2 years. Check Refund if you received		1.	2021	l <b>=</b>	\$	Amount Owed	<u>*                                    </u>
noney or a check, or		$\vdash$		Amount Owed	\$ 48,436.00		\$ 12,520.00
Amount Owed if you		2.	2020	☑ Refund	<del></del>	=======================================	<del></del>
owed additional taxes.				Amount Owed	\$	Amount Owed	\$
Under the Code of Civil Procedure, 735 ILCS 5/1-109, making a statement on this form that you know to be false is perjury, a Class 3 Felony.	I ce mak 735	tions rtify ting	fincluding o	costs and attorney's ning in the Financia	lees. ni Affidavit is tr	ue and correct. I ur has penalties provi Sample, Jr	
After you finish this form, sign and print your name and date it.	01/0! Date		24		_		

DV-A 120.3

The state of the s

This form is	approved by the	<u> Illinois Supreme Court a</u>	nd is required to be us	ed in all Illinois Circuit Courts.
STATE OF ILLINOIS, CIRCUIT COURT		Additional Cash and Cash Equivalents (FINANCIAL AFFIDAVIT)		Far Court Use Only
DuPage	COUNTY	☑ Pre-Judgment	Post- Judgment	
Instructions <b>▼</b>				
Enter above the county name where the case was filed.	MADISON SA	MPLE, JR.		
Enter name of the Petitioner, the	Petitioner (Fir	at, middle, last name)		
Respondent, and the case number as listed	v.			,
in the initial Petition or Complaint.	JACKIE L. SA			2023 DN 000129
Enter the Case Number given by the Circuit Clerk.	Respondent (	First, middle, last name)	·	Case Number

**IMPORTANT:** (1) If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees; (2) If you need more room for a section, complete and attach the *Additional Information* form for that section. Do not file this document and the enclosures with the Circuit Clerk unless a local rule or court order requires you to do so. Ask the Circuit Clerk where to find these rules.

Fill out this form only if you have additional Checking, Savings, Money Market or Other Bank or Credit Union Accounts. If you fill it out, attach this form to your Financial Affidavit.

Do not list account numbers.

#### 15. My Assets

a. Additional Cash and Cash Equivalents (list balance as of the date of this affidavit)
 Checking, Savings, Money Market, and Other Bank or Credit Union Accounts

	Name of Don't or Institution	<del></del>	T	
	Name of Bank or Institution		Account Type	Balance
1.	Bank of Amer x2803 (11/30	- <del></del>	bus ckg	\$ 5,886.10
2.	Bank of Amer x3900 (11/30	Sample Anesth Ltd	bus ckg	\$ 20,408.15
3.	Bank of Amer x4144 (11/13	) Madison Sample Jr	ckg	\$ 11,528.67
4.	Chas Schwab x1073 (9/29	Madison Sample Jr	invest ckg	\$ 3,000.79
5.	BOA x2396 (closed 7/17)	Bernstein & Reikes	bus ckg	\$ 0.00
6.	BOA x8792 (closed 3/30)	Madison and Jackle	joint ckg	\$ 0.00
7.	BOA x8214 (closed 7/24)	Bernstein & Reikes	credit card	\$ 0.00
8.	Chase x0170 (04/01	Madison Sample Jr	savings	\$ 1,363.68
9.				\$
10.				\$
11.				\$
12.			, ,	\$
13.				\$
14.				\$
15.				\$
16.				\$
17.				\$
18.				\$
19.			<u> </u>	\$
20.			<u> </u>	\$

(08/21)

This form is	approved by the l	<u>lilinois Supreme Court a</u>	<b>nd is required to be use</b> d	I in all Illinois Circuit Courts.
STATE OF ILLINOIS, CIRCUIT COURT		Additional Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes (FINANCIAL AFFIDAVIT)		For Court Use Only
DuPage	COUNTY	☑ Pre-Judgment	Post-  Judgment	
Instructions -				
Enter above the county name where the case was filed. Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint.	v. JACKIE L. SAI	st, middle, last name) MPLE		2023 DN 000129
Enter the Case Number given by the Circuit Clerk.	JACKIE L. SAMPLE  Respondent (First, middle, last name) n by the			Case Number

IMPORTANT: (1) If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees; (2) if you need more room for a section, complete and attach the Additional Information form for that section. Do not file this document and the enclosures with the Circuit Clerk unless a local rule or court order requires you to do so. Ask the Circuit Clerk where to find these rules.

Fill out this form only if you have additional Investment/Brokerag e Accounts, Mutual Funds, and Secured or Unsecured Notes. If you fill it out, attach this form to your Financial Affidavit.

In 15b, enter information for your investments and

securities.

## 15. My Assets

Investment Accounts and Securities (list FMV or balance as of the date of this affidavit)
 Investment/Brokerage Accounts, Mutual Funds, and Secured or Unsecured Notes

11117	investment/blokerage Accounts, Mutual Purius, and Secured of Onsecured Notes				
	Description of Asset	Owner	Balance		
1.	Coinbase (crypto invest) (1/5)	Madison Sample Jr	\$ 5,147.08		
2.	Crypto.com (crypto invest) (1/5)	Madison Sample Jr	\$ 20,344.03		
3.	Celsius (In BK) (crypto invest) (1/5)	Madison Sample Jr	\$ 170,047.00		
4.	BlockFl (crypto) - in Bankruptcy	Madison Sample Jr	\$ 0.00		
5.			\$		
6.			\$		
7.			\$		
8.			\$		
9.			\$		
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11,			\$		
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18.			\$		
19.	·		\$		
20.			\$		

This form is	approved by the	Illinois Supreme Court and is required to be us	ed in all Illinois Circuit Courts.
STATE OF I	•	Additional Real Estate (FINANCIAL AFFIDAVIT)	For Court Use Only
DuPage	COUNTY	Post-  Pre-Judgment Judgment	·
Instructions > Enter above the county name where the case was filed.	MADISON SA	MPLE, JR.	
Enter name of the Petitioner, the Respondent, and the case number as listed in the initial Petition or Complaint.	v. JACKIE L. SA	MPLE	2023 DN 000129
Enter the Case Number given by the Circuit Clerk.	Respondent	(First, middle, last name)	Case Number

IMPORTANT: (1) If you intentionally or recklessly enter inaccurate or misleading information on this form, you may face significant penalties and sanctions, including costs and attorney's fees; (2) If you need more room for a section, complete and attach the Additional Information form for that section. Do not file this document and the enclosures with the Circuit Clerk unless a local rule or court order requires you to do so. Ask the Circuit Clerk where to find these rules.

Fill out this form only if you have additional Real Estate. If you fill it out, attach this form to your Financial Affidavit. In 15c, enter information for your real estate, including your home if you own it. In 15c, in Balance Due, enter the total amount remaining on your loan. FMV means Fair Market Value throughout this form.

#### 15. My Assets

c. Real Estate (list FMV and balance due as of the date of this affidavit)

ı				
	Address	Name on Title	FMV	Balance Due
1	9476 Falling Water Dr E Burr Ridg	Madison Sample Ji	\$ 2,600,000.0	\$ 1,490,000.0
2.	653 W 119th St Chicago (vac lot)	Jackie Johnson	\$	69
3.	645 W 119th St Chicago	Jackie Johnson	\$	69
4.	641-643 W 119th St Chicago	Jackie Johnson	\$	<b>\$</b>
5.	7439 S Prairie Ave Chicago (forecl)	Jackle Johnson	\$	<b>\$</b>
6.			\$	69
7.			\$	69
8.			\$	· ·
9.			\$	\$
10.	<u> </u>		\$	\$
11.			\$	\$
12.			\$	\$
13.			\$	\$
14.			\$	\$
15.			\$	\$
16.			\$	\$
17.			\$	\$
18.			\$	<b>6</b>
19.			\$	\$
20.			\$	\$

THE FOLLOWING LIST IS NOT ALL INCLUSIVE AND INCLUDES ACCOUNTS NOT YET DISCLOSED. THE SAMPLE MARITAL ESTATE HAS BUSINESS INTEREST, STOCK, OWNERSHIP, FINANCIAL INVESTMENTS, AND PLATFORMS USED. THESE COMPANIES MUST BE SUBPOENAED TO DETERMINE THE NET WORTH AND FOR ME TO RECEIVE MY EQUITABLE SHARE OF OUR MARITAL ESTATE.

There is a pattern of frequently withdrawing cash, then doing business with 314 W Ogden Ave, Westmont, IL 60559 and 12912 S La Grange Rd Palos Park, IL 60464

CARESKOREC AKA AUTONOMOUS HEALTHCARE

RESONANCE MEDICAL, LLC

WEST CETRAL ANESTESTESIA

AMERICAN ANESTHESIOLOGY ASSOCIATION OF ILLINOIS

PEDIATRIX MEDICA

INFRA SHARES-MAD ENERGY-MAD VENTURES-MADdeck, INFO-

MONEY REVEALED

**DEALMAKER** 

**CKO PATREON** 

**TFUEL NODE** 

PALM BEACH GROUP

TRADING COMPUTER

ATOMIC WALLET

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CRYPTO.COM

**CASEY RESEARCH** 

BANYAN HILL

**CSC SERVICEWORKS** 

OLD NATIONAL BANK

CIBC NETWORK BANKING

SAMPLE TRUST-

**ITRUST-CHARLES SCHWAB** 

MULTIPLE CHARLES SCHWAB ACCOUNT

**ETRADE** 

**FIDELITY** 

MULTIPLE BOA ACCOUNTS AND CARDS

MULTIPLE FINANCIAL CARDS

THE PENSION SPECIALIST

TBG ANESTHESIA HOLDINGS, INC/NORTHSTAR ANESTHESIA/CONTINENTAL ANESTHESIA

May 7, 2024

Ms. Fitz and Mr. Cores,

What day can we meet with Mr. Cores and go over the financial binders that I have prepared for you, Ms. Fitz? Additionally, It is my understanding that the K1 meeting has already taken place. It was also my understanding that I would be present at this meeting. The reason why it is critical that I am present at the K1 meeting is I have an extensive list of our assets which has not been shared with the court.

Unfortunately, Madison and his legal team have a known habit of submitting falsified information, including falsified tax returns and omitting information from financial documents. I have a list of bank accounts, digital currency, business interests, and companies that I have not seen on the record to date.

The reason I need to be at this meeting is to confirm that the business interests, past and present bank accounts, business companies, and closed accounts are submitted to the court record. I have provided these lists to my previous attorneys, the court, and including my current attorney, Ms. Fitz. I am formally requesting a K1 meeting that serves the interest of all parties, not just Dr. Sample. We need our home computer to access some additional financial information so that Mr. Cores can report complete financial information to Judge Orel.

That is why I am exercising my right to attend this K1 meeting.

Jackie Sample

State of Ininois

Signed and attested before, me un.

Z(Date) by

"OFFICIAL SEAL"
BRANDI N. GRAYER
NOTÁRY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 11/07/26

(Simpature of Notary Authlic

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I certify this is a copy of the original	·	
James Sur	***************************************	Sirve
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•	BRANDI N. GRAYER  BRANDI N. GRAYER  NOTARY PUBLIC, STATE OF ILLINOIS A  NOTARY PUBLIC, STATE OF ILLINOIS A  NOTARY PUBLIC, STATE OF ILLINOIS A	y ·
	NOTARY PUBLIC STRIKES 11/07/26	-
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Crypto Wallets	Monetary Value \$ Gene	erated Dollars per month	
•	272,000		
Atomic Wallet	210,000	ROCCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCCOCC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Exodus Wallet	43,000	"OFFICIAL SEAI BRANDI N. GRAYE	
Trust Wallet	215,000	A MOTARY PUBLIC, STATE OF	ETHON S
Ledger Wallet	22,000	MY COMMISSION EXPIRES 11	1/07/26 (4
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Metamask BSC	450	Signed and attested before me on	ball of Man
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ADA Polkadot	1/205,00
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ELRond	\$ 275.000
ARVE Ascend Ex	\$108,500 \$5,000
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Celsius Crypta. Com	\$205,500 \$1,155,000
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State of Wilmois)	OFFICIAL STATE  BRANDI N. GRANDI NOTARY PUBLIC, STATE CULNOIS
Signed and attested before me on ACKE County Mamers of persons	A MY COMMISSION EXPIRES 17/17/26
DHT5354327-CGG Signature of Notary Publi	

THE FOLLOWING LIST IS NOT ALL INCLUSIVE AND INCLUDES ACCOUNTS NOT YET DISCLOSED. THE SAMPLE MARITAL ESTATE HAS BUSINESS INTEREST, STOCK, OWNERSHIP, FINANCIAL INVESTMENTS, AND PLATFORMS USED. THESE COMPANIES MUST BE SUBPOENAED TO DETERMINE THE NET WORTH AND FOR ME TO RECEIVE MY EQUITABLE SHARE OF OUR MARITAL ESTATE.

CARESKOREC AKA AUTONOMOUS HEALTHCARE

RESONANCE MEDICAL, LLC

WEST CETRAL ANESTESTESIA

AMERICAN ANESTHESIOLOGY ASSOCIATION OF ILLINOIS

PEDIATRIX MEDICA

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MONEY REVEALED

**DEALMAKER** 

**CKO PATREON** 

**TFUEL NODE** 

PALM BEACH GROUP

TRADING COMPUTER

ATOMIC WALLET

**EXODUS** 

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POLKADOT DOT

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LEDGER

**BLOCK FI** 

CELSIUS CRYPTO.COM

CASEY RESEARCH

"OFFICIAL, SEAL"
BRANDI N. GRAYER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 11/07/26

State of Illinois

County of 느

Signed and attested before me,on.

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**BANYAN HILL** 

**CSC SERVICEWORKS** 

OLD NATIONAL BANK

CIBC NETWORK BANKING

SAMPLE TRUST-

**ITRUST-CHARLES SCHWAB** 

MULTIPLE CHARLES SCHWAB ACCOUNT

**ETRADE** 

FIDELITY

MULTIPLE BOA ACCOUNTS AND CARDS

**MULTIPLE FINANCIAL CARDS** 

THE PENSION SPECIALIST

TBG ANESTHESIA HOLDINGS, INC/NORTHSTAR ANESTHESIA/CONTINENTAL ANESTHESIA

State of Allinois

Sounty ok

Signed and attested before me o

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ISignature of Notary Pyt

"OFFICIAL SEAL"
BRANDI N. GRAYER
NOTARY PUBLIC, STATE OF ILLINOIS

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Jurat Notary Certificate (Only for use in AR, AZ, CO, CT, DC, DE, GA, ID, IA, IL, KS, KY, MA, MD, ME,

MN, MO, MT, NH, NJ, NM, NY, NV, NC, OH, OK, OR, PA, RI, SC, TX, UT, VA, WA)

Document Name: Meeting Ad	greement
STATE OF THINDIS COUNTY OF DU PAGE (County where notarization occur	rred)
Subscribed and sworn before me on <u>O7</u> IACKIE IPANAPIE.  (is personally known to me or whose identity whose name is subscribed to in this document	day of
COFFICIAL SEAL*  KRYSTA TOCZEK  Notary Public, State of Illinois Commission No. 973677  My Commission Expires June 20, 2027	(Signoture of notary public,  Krysta Toczek, Notary Public,  (Name of notary public)
Official Seal	My commission expires: Ob/20/27
Personally knownOR Produced identificationType of identification	tification produced: <u>IL</u> <u>D</u> L

From: medison sample ir maamplejri@lcloud.com Subject: Emailing CareSkore for Health Systems v3.pdf

Date: January 2, 2016 at 7:12 PM

To: Medhat Ayed Jayad00000@aol.com

#### Medhat.

It was good talking with you. I forgot to mention my new endeavor.

I partnered with a company, CareSkor late last year. We offer a platform for much better care coordination. This results in decreased 30 day readmission rates and decreased CMS hospital reimbursement penalties.

Would you help me get in touch with the right person to do a demo at your hospitals? Hospitals are losing a lot of money here. Usually my CEO and I present to the hospital CMO and Care Coordination Director.

This has nothing to do with Continental. Thanks in advance.

Madison

Sent from my iPad Mádison Sample Jr., MD.

CareSkore for Health...v3.pdf Install

GetLatka Chrome Extension

now and access our data right on the website you're browsing



SaaS Database Pricing Magazine

Community

**Podcast** 

Blog

LOGIN

STARTED



#### CareSkore

Mountain View, United States





About Company

Revenue

**Funding** 

Team

Founder/CEO

CEO

Net

Worth

# How CareSkore hit \$39.8M revenue with a 619 person team in 2021.

Developer of a predictive and prescriptive population health management platform intended to transform the way providers help patients across the continuum of care. The company's platform offers patient management services, cost optimization services, workflow management and automated patient outreach services by aggregating and normalizing data through machine learning, enabling clients to manage population with real time assessments.



**2014** Founded



\$39.8M



YOY



**\$4.3M**Funding

#### CareSkore Revenue

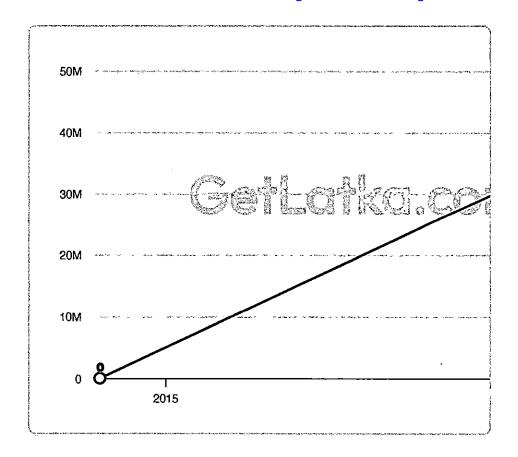


In 2021, CareSkore's revenue reached \$39.8M. Since its launch in 2014, CareSkore has shown consistent revenue growth, reflecting its expanding user base and Increasing adoption across various industries.

• 2021 CareSkore hit \$39.8M in revenue in 2021

2014
 CareSkore launched in 2014
 with \$0

revenue



## CareSkore Valuation, Funding Rounds

Licon

• 2017
CareSkore
raised a of

| | | | | | | | | | | | | | | |
August, 2017

FUNDING DATE	ROUND	AMOUNT	VALUATION	% Sold
August, 09 2017			2	erenen laga fap an ap

Team



From: madison sample ir msampleir 1@icloud.com @

Subject: Re: CareSkore nominated for 2015 Chicago Innovation Award

Date: August 26, 2015 at 11:24 AM

To: CareSkore (Jas Grewal) info@careskore.com

Absolutely excellent news!

Sent from my iPod

Madison Sample Jr MD President & Chief Medical Officer Continental Anesthesia

On Aug 25, 2015, at 5:45 PM, CareSkore (Jas Grewal) < whose common common wrote:

All,

It is with great pleasure that I inform you that <u>CareSkore</u> has been nominated for the **2015 Chicago Innovation Award**. It is a testament to our innovate predictive analytics solution we are developing to solve some of the <u>hardest</u> and <u>most pressing healthcare</u> issues, and make life better, for the patients and their providers.

I will be reaching out to you from time to time to give an update on how we are doing. We will garner your support (and votes) late October for the People's choice Award.

Thank you for supporting us at different levels.

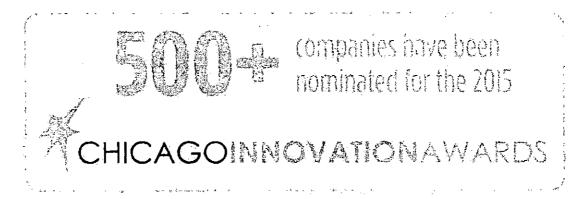
JAS GREWAL

Founder & CEO, <u>CareSkore</u> into@careskore.com 1,312,978,7909 | 312,248,1551, 222 W. Merchandise Mart Plaza, Suite 1212, Chicago, IL 60654

Attorney Client privileged

About CareSkore - CareSkore is a web based predictive analytics platform for health systems, physician organizations and ACOs to better manage their patient populations and operations using real time teadback and analytics

<4161DE64-A92B-403A-8369-1D175570E944.png>



Jas, congratulations on being among this year's Chicago Innovation Award nominees! We look forward to celebrating you at the Nominee Reception on September 9th at Park West. This annual event recognizes all our nominees who are pioneering innovation with brand new products, services and processes in the Chicago region.

#### CareSkore Founder Advisor Agreement

This Founder Advisor Standard Agreement (the "Agreement") is entered into the date set forth on the signature page by and between the undersigned company CareSkore (the "Company") and the undersigned advisor (the "Advisor").

The parties agree as follows:

- 1. <u>Services</u>. Advisor agrees to act as a mentor or advisor to the Company and provide advice and assistance to the Company from time to time as further described on <u>Schedule A</u> attached hereto or as otherwise mutually agreed to by the parties (collectively, the "Services"),
- 2. <u>Compensation</u>. Advisor shall not be entitled to receive cash compensation; however, Advisor shall be entitled to receive the equity compensation indicated on the signature page hereto at an exercise or purchase price equal to the fair market value of the Company's Common Stock, which will be documented in the applicable Stock Option Agreement or Restricted Stock Purchase Agreement to be entered into by Advisor and the Company as contemplated on the signature page hereto. The Company will seek written approval or have a meeting of the Board of Directors to authorize the Advisor compensation and deliver definitive stock purchase or option agreements regarding the stock compensation within 90 days from the date of this Agreement. If the Company fails to provide the foregoing documentation within such 90-day period, then the Advisor shall have right to contact directors of the Company.
- 3. Expenses. In connection with any reasonable travel and related expenses incurred in the course of performing services hereunder in which Advisor desires to be reimbursed, Advisor shall provide written notice to the Company in advance describing the nature and maximum amount of such expense (email notice shall be sufficient). If the Company preapproves in writing (email notice shall be sufficient), then the Company shall reimburse Advisor, such pre-approved expenses.
- 4. <u>Term and Termination</u>. The term of this Agreement shall continue until terminated by either party for any reason upon five (5) days prior written notice without further obligation or liability.
- 5. <u>Independent Contractor</u>. Advisor's relationship with the Company will be that of an independent contractor and not that of an employee. Advisor will not be eligible for any employee benefits, nor will the Company make deductions from payments made to Advisor for employment or income taxes, all of which will be Advisor's responsibility. Advisor will have no authority to enter into contracts that bind the Company or create obligations on the part of the Company without the prior written authorization of the Company.

#### 6. Nondisclosure of Confidential Information.

- a. <u>Agreement Not to Disclose</u>. Advisor agrees not to use any Confidential Information (as defined below) disclosed to Advisor by the Company for Advisor's own use or for any purpose other than to carry out discussions concerning, and the undertaking of, the Services. Advisor agrees to take all reasonable measures to protect the secrecy of and avoid disclosure or use of Confidential Information of the Company in order to prevent it from falling into the public domain or the possession of persons other than agents of the Company or persons to whom the Company consents to such disclosure. Upon request by the Company, any materials or documents that have been furnished by the Company to Advisor in connection with the Services shall be promptly returned by Advisor to the Company.
- b. <u>Definition of Confidential Information</u>. "<u>Confidential Information</u>" means any information, technical data or know-how (whether disclosed before or after the date of this Agreement), including, but not limited to, information relating to business and product or service plans, financial projections, customer lists, business forecasts, sales and merchandising, human resources, patents, patent applications, computer object or source code, research, inventions, processes, designs, drawings, engineering, marketing or finance to be confidential or proprietary or which information would, under the circumstances, appear to a reasonable person to be

From: Subject:

se: November 5, 2021 et 6:55 PM To: msample):@gmail.com



madison.

Thank you for your pending invosoment in Vicks A Difference Ven to the United Partnership United Here are the order of a factor investment commitment:

Investment Amount: \$7,000 USD

The price of securities in this offering: \$25 USD

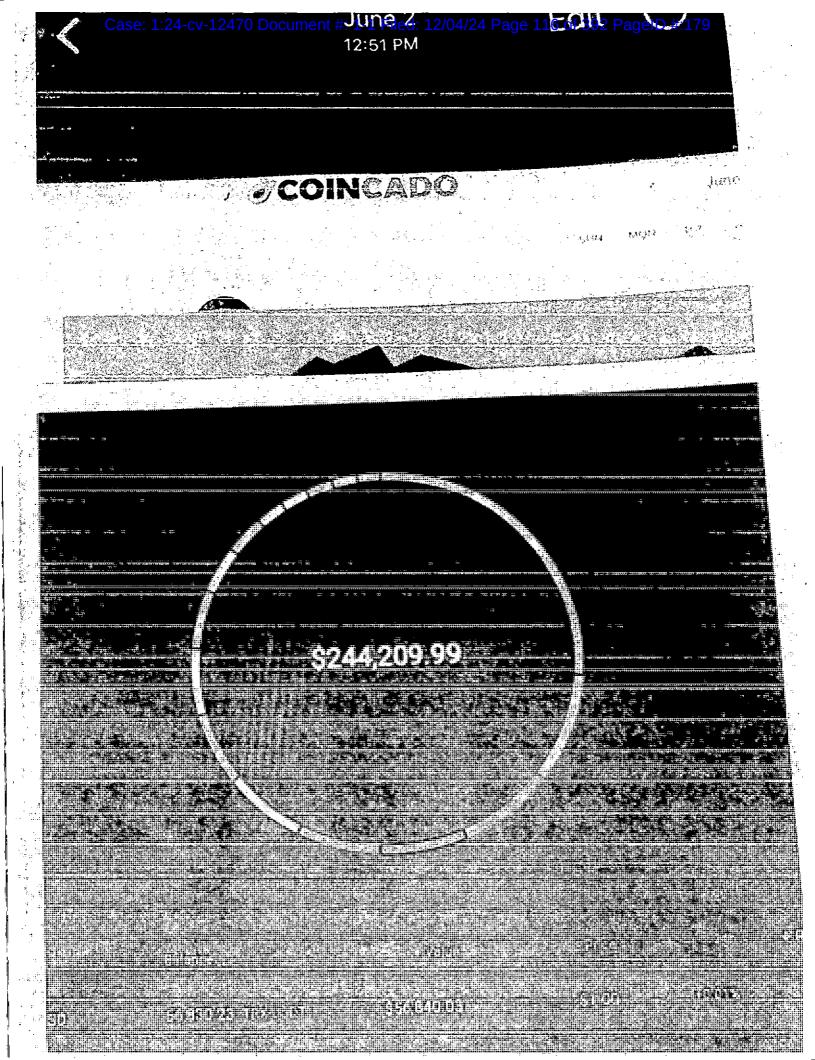
Number of securities purchased: 280

You may cancel this investment up to 48 hours before the end date of the campaign, 02/26/2022 11:59pm UST.

The issuer will now review the details of your investment commitment and you will receive a notification when the transaction has been approved. Hemember, you can always view the crogless of your submission in your Investor Dashboard at any time. If you have any questions or concerns about your investment, please reach out to us at support@infrashures.com.

Thank you!

VIEW INVESTOR DASHBOARD



### **Transactions**

You have no transactions this month

Peposits With	drawals Trades Tar	gets Limit			Surfimary 🦂	Filters  ==
Туре	Currencý		Date	Amount	Status	
Fiat Deposit			18 Apr 2023 7:31 pm	\$59,980.00	Completed	
Buy Order	<b>≇</b> ×		16 Apr 2023 7:21 am	\$10,000.00	Completed	(E)
Buy Order	<b>∯</b> → <b>e</b>	•••	15 Apr 2023 2:07 pm	\$50,000.00	Completed	圄

Transactions Made by Madison

#### **Crypto Wallets:**

- NL Coin
- Redd Coin
- Ontology atomic wallet
- Galleon
- Agama Komodo
- TezBox
- Decred
- Exodus
- Jaxx
- Ledger Live
- Scatter
- Stacks Wallet CSTX connected to ledger
- Loki Wallet
- Energi
- Neblio

#### Known Crypto Currency Accounts and Investments

- Bilavy
- IDCM
- Bibox
- HotBit
- Charles Schwab
- Kucoin
- VCC
- Xraken
- Supplements Revealed
- IDEX
- Dun Scan
- lo Tex
- I Conex
- Binance
- Block F
- Graviex
- Crazy 4 Crypto
- Zen Ledger
- Omega Kingdom
- Numanna
- LOST
- IUTEX
- Loom
- Lunie

- VSYS
- QGENDA
- Live Heer
- BIDAO
- Synthetia Exchange
- Coin Base Pro
- Adalite Cardeno Wallet
- KOINLY
- Gemini
- Theta Wallet
- Polkadot.org
- Wallet.elrond.com

#### **Mobile Wallets**

- Tomo Wallet
- Celsius Wallet
- Crypterium
- Algor and Wallet
- Rain Box
- Caleb & Brown

#### Knwon Crypto Currency Passive Income / Staking

- LÜNA
- Adalite
- KSM
- Polka Dot
- EGold

#### Miscellaneous Financials

- Yield Pledge #9671
- iTrust Capital IRA

#### **Bank of America Accounts Numbers**

- 2475
- 2650
- e 7810

- 4057
- 2628
- 8091
- 6212
- 4676
- 0818
- 3900
- 4144
- 1808
- 8792
- 7810
- 2678
- 4057
- 2628

#### **Everbank Accounts & Investments Last 4 Digits**

- 1092
- 0201
- 1508
- 2808
- 9671
- 1092
- 0209
- 1508

#### **E-Trade Account**

3273

#### **Chase Accounts & Investments**

- 7833
- 0239

- 7399°
- 8310
- 8257
- 8213
- 2823
- 1538
- 6926
- 3737

#### Fidelity Accounts & Investments

- Fidelity Stock Investments
- Bond Investments
- Short Term investments
- 401k
- F.A. Freedom 2030 A

#### Old National Bank Account & Investment

• 5481

#### Schwab Currency Accounts & Investments

- 2418
- 9976
- 1073
- 5842
- **e** 4679
- 4353
- 2105
- 7527
- 9671
- 105
- 3582



#### Account Name: Business Adv Customized Cash Rewards - 0818 Transaction Details

Merchant: TFUEL NODE

Transaction date: 09/20/2023

Transaction amount: \$29.00

Balance: \$16,838.50

**Reference number:** 85383903263000007328052

Transaction type: Purchase

Merchant category: MANAGEMENT, CONSULTING, AND PUBLIC

RELATION S

Expense category: Business Services

Code: 7392





# MADISON STOLE DIGITAL CURRENCY CARD LINKED TO SOME OF OUR DIGITAL ACCOUNTS

#### Bankof America

#### Account Name: Business Adv Customized Cash Rewards - 0818

#### Account Summary as of 05/01/2023

#### **Account Details**

Cash credit line:

Current balance: \$489.94

\$0.00

Credit limit:

Cash balance:

\$22,500.00

Available credit for purchases:

\$21,916.86

\$4,500.00 Amount over limit:

Available credit for

cash advances:

\$0.00

Pending transactions:

\$4,500.00 \$174.63

#### Rewards

Total Cash Rewards: \$0.00 Cash Rewards 3% choice: Gas Stations

Go to: Current transactions

	Date	Description	Amount	Balance
	04/26/2023	THE UPS STORE 4774	\$11.98	\$489.94
×	04/24/2023	TFUEL NODE	\$29.00	\$477.96
*	04/24/2023	TFUEL NODE	\$29.00	\$448.96
	04/24/2023	SPEEDWAY 05343 RT 83 9	\$75.93	\$419.96
	04/24/2023	GIBSONS, HUGOS	\$130.00	\$344.03
	04/21/2023	FOUR POINTS BY SHERATO	\$0.01	\$214.03
	04/19/2023	CAPITAL GRILLE 0138065	\$133.28	\$214.02

#### Bank of America

# Account Name: Business Advantage Travel Rewards - 4057

Account Summary as of 05/01/2023

**Account Details** 

Current balance:

\$924.32

Credit limit:

Cash balance:

\$0.00

\$20,000.00

\$0.00

Available credit for

\$4,000.00

purchases:

\$19,075.68

Cash credit line: Amount over limit:

Available credit for

\$4,000.00

cash advances:

Pending transactions:

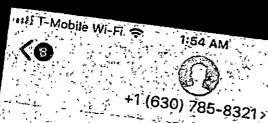
\$18.88

#### Rewards

Total Rewards: 0 Points

Go to: Current transactions

	Date	Description	Amount	Balance	<del></del>
大		CKO*Patreon* Membership	\$18.88	\$943.20	
	04/28/2023	PARK CHICAGO MOBILE	\$20.00	\$924.32	
	04/24/2023	PARK CHICAGO MOBILE	\$20.00	\$904.32	
	04/20/2023	TMOBILE*AUTO PAY	\$148.00	\$884.32	
	04/18/2023	GOOGLE *Google Storage	\$1.99	\$736.32	
7	04/18/2023	TRADING COMPUTER	\$45.00	\$734.33	
	04/17/2023	PARK CHICAGO MOBILE	\$20.00	\$689.33	
	04/10/2023	COSTCO MEMBERSHIP FEE	\$60.00	\$669.33	



iMessage Tue, Feb 6, 9:58 AM

Hey Madison hope you're doing well. And hope you and your family had a good holiday season I'm sorry haven't been able to get an invoice you for the work that was performed. at the second half of the season: It was a little hectic for me. I had a lot of family stuff going on....Anyways I just sent the invoice for the work that was done. Please let me know when you can take care of it. No rush





Message

















From: Fawn Youngdahl info@mad energy

Subject: \*\*IMPORTANT\*\* Exciting UPDATE For MAD Investors!

Date: December 10, 2021 at 9:09 AM

To: madison sample msampleir@gmail.com

#### GREAT news!

We just got the word from our bank that our <u>Escrow is</u> officially LIVE, which means your MAD Ventures investor payment is ready to be processed!

Click Here for a quick word from our Director, George Wentzl

Please, login to your <u>Infrashares</u> account, click on "view next steps", and submit your payment:

https://invest.infrashares.com/

You will see a "Transaction Pending" notification for about 1-2 business days.

Thank you so much for your patience as an investor in our exciting journey to bring clean energy technologies to the world!

Thank you,

Fawn & Donny

Sent to: msamplejr@gmail.com

<u>Unsubscribe</u>

To: madison sample msamplejr@gmail.com



#### Hello Friends!

We just launched a NEW Info Deck!

This is one more way to spread the word about Make a Difference Ventures, especially with more sophisticated investors. They're usually fans of info decks.

#### **MADdeck.info**

The deck will give you insider info on our team, our projects, our mission, and how we can solve the world's energy crisis, while creating more FREEDOM for all:

Even for those in denial, this will give you a 30,000 foot view of our overall plan...

Come be a part of it!

To learn more about Make a Difference Ventures (MAD), check us out at <a href="https://mad.energy">https://mad.energy</a>

Fawn and Donny

Sent to: msamplejr@gmail.com

Unsubscribe

Make a Difference Ventures, 414 Church St, STE 308, Sandpoint, ID 83864, United States

From: Money Revealed money-revealed@t.kajablmail.net

Subject: Your New Money Revealed Account

Date: May 17, 2019 at 3:38 PM-To: msamplejr@gmall.com

Dear Madison Sample

We have set up an account for you on Money Revealed.

username: msamplejr@gmail.com password: Ync3JbV2sN

To login to the site, just follow the link below: Login

-- Money Revealed

Update notification settings

# **EXHITBIT: 8**

SQUANDERING DISSIPATION OF MARITAL INCOME AND ASSETS, HIDING INCOME AND BUSINESS ASSETS, WIRE FRAUD, TRANSFERRING MONEY OVERSEAS, AND MORE



P.O. Box 15284 Wilmington, DE 19850

SAMPLE ANESTHESIA LIMITED 9476 FALLING WATERS DR E BURR RIDGE, IL 60527

BANK OF AMERICA Preferred Rewards For Business

#### Customer service information

- 1.888.BUSINESS (1.888.287.4637)
- bankofamerica.com
- Bank of America, N.A. P.O. Box 25118 Tampa, FL 33622-5118

#### Your Business Advantage Relationship Banking **Preferred Rewards for Bus Platinum**

for April 1, 2023 to April 30, 2023

SAMPLE ANESTHESIA LIMITED

#### Account summary

Ending balance on April 30, 2023	\$14,785.00
Service fees	-45.00
Checks	-0.00
Withdrawals and other debits	-60,170.00
Deposits and other credits	0.00
Beginning balance on April 1, 2023	\$75,000.00

Account number:

# of deposits/credits: 0

# of withdrawals/debits: 3

# of items-previous cycle1: 0

# of days in cycle: 30

Average ledger balance: \$46,911.00

<sup>1</sup>Includes checks paid, deposited items and other debits

#### REMEMBER

You've got a banking partner ready to help.

As your dedicated Small Business Banker, I'm here to help with all of your business's financial needs and priorities.

**BUSINESS ADVANTAGE** 

Contact me today.

Lauren Orseno 708.928.8742 lauren.orseno@bofa.com

SSM-08-22-0105.B | 4878868

# **IMPORTANT INFORMATION:**BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error; we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

© 2023 Bank of America Corporation



#### Your checking account



SAMPLE ANESTHESIA LIMITED | Account #3

#### Withdrawals and other debits

Date	Description	Amount
04/17/23	WIRE TYPE:INTL OUT DATE:230417 TIME:0409 ET TRN:2023041700080325 SERVICE REF:716076 BNF:C AND B CORP PTY LTD ID:06300014168255 BNF BK: COMMONWEALTH BANK OF AU ID:CTBAAU2S PMT DET:GL5WMR DR5 POP CUSTOMER ID NO. CU035248	-60,000.00
04/19/23	Online Banking payment to CRD 4696 Confirmation# 1391525913	-170.00
		¢60 170 00

#### Total withdrawals and other debits

#### Service fees

The Monthly Fee on your primary Business Advantage Relationship Banking account was waived for the statement period ending 03/31/23. A check mark below indicates the requirement(s) you have met to qualify for the Monthly Fee waiver on the account.

\$15,000+ combined average monthly balance in linked business accounts has been met

Become a member of Preferred Rewards for Business has not been met

For information on how to open a new product, link an existing service to your account, or about Preferred Rewards for Business please call 1.888.BUSINESS or visit bankofamerica.com/smallbusiness.

Date	Transaction description	Amount
04/17/23	Wire Transfer Fee	-45.00
Total sen	vice fees	-\$45.00

Note your Ending Balance already reflects the subtraction of Service Fees.

Daily ledger balances

Date	Balance (\$)	Date	Balance(\$)	Date	Balance (\$)
04/01	75,000.00	04/17	14,955.00	04/19	14,785.00

# Important information about a trending payment scam

- We will never call and ask you to send money using Zelle® to yourself or anyone else.
- We will never contact you via phone or text to ask for a security code.
- If anyone reaches out to you and asks you to send money or provide a code; it is likely a scam. Bank of America will not do this.

Learn more about trending scams at bofa.com/helpprotectyourself

Zelle and the Zelle related marks are wholly owned by Early Warning Services, LLC and are used herein under license.

SSM-08-22-0187.B | 4956677

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Bank of America Business Advantage

# Welcome to Business Advantage Relationship Banking

Thanks for opening your new account with us!

Here are a few reminders to help you get started.

#### Avoid monthly fees

To help avoid monthly fees on your new small business checking, be sure to take one of the following actions each statement cycle:

- Maintain a combined average monthly balance of at least \$15,000 in your linked Bank of America small business
  accounts (footnote 1)
- Become a member of Preferred Rewards for Business (first four checking accounts per enrolled business) (footnote 2)

#### **Enroll in Business Advantage 360**

If you haven't already, enroll in Business Advantage 360, our small business online and mobile banking (footnote 3) platform. Here is how to get started:

- Go to bofa.com/SBOnline to enroll your accounts and enter the last six digits of your account number along with your business Tax ID Number (TIN).
- Once you are enrolled, sign in to your account conveniently and securely to explore all the tools and services available for your business. This will allow you to:
  - o Go paperless and eliminate the hassle of storing and shredding old statements.
  - o Set up alerts (footnote 4) and deposit checks (footnote 5) right from your phone.
  - Use Cash Flow Monitor (footnote 6) to manage, track and project cash flow and now you can even connect your apps (footnote 7).

#### Remember:

- Keep contact information up to date verify your email, mailing address and phone number.
- Enable extra security features by visiting the online Business Security Center at bankofamerica.com/SecurityBusiness.
- Set up security alerts and download the Mobile Banking app by visiting bankofamerica.com/SBMobileBanking.

Learn more at bankofamerica.com/SBWelcome or call 888.287.4637.

4693900

#### Bank of America Preferred Rewards for Business

#### Earn Rewards for your business

Become a Preferred Rewards for Business member (footnote 2) and earn valuable benefits and rewards across your Bank of America business relationship; such as no monthly maintenance fees on your new checking account, bonus rewards on eligible business credit cards, interest rate discounts on new loans and more. And there is no fee to join or participate in the program.

To learn how to qualify and enroll, visit: bankofamerica.com/RewardsforBusiness.

- 1 You may link additional Business Advantage Relationship Banking, Business Economy Checking, Business Interest Checking, Business Advantage Savings (all variations), Business Investment Account and Business CDs.
- 2 Preferred Rewards for Business Overall Program Rules: The Preferred Rewards for Business program is only available to Small Business, Merrill Small Business, and Bank of America Private Bank® Small Business clients. Other categories of clients, such as those commonly referred to as Business Banking, Global Commercial Banking, Global Corporate Investment Banking, or Institutional clients are not eligible to participate in the program. Subject to certain exceptions, eligible business checking accounts generally are any Small Business checking account and the following Analyzed checking accounts: Full Analysis Business Checking or Analyzed Business Interest Checking. Clients in the eligible business categories may enroll in the program. To enroll you must have an active, eligible Bank of America business checking account, and maintain a qualifying balance of at least \$20,000 for the Gold tier, \$50,000 for the Platinum tier, or \$100,000 for the Platinum Honors tier in your combined qualifying Bank of America business deposit accounts (such as checking, savings, certificate of deposit) and/or your Merrili business investment accounts (such as Working Capital Management Accounts, Business Investor Accounts, Delaware Business Accounts). The qualifying balance is calculated based on either (i): your average daily balance for a three-calendar-month period, or (ii) your current combined balance, provided that you enroll at the time you open your first eligible business checking account and satisfy the balance requirement at the end of at least one (1) day within thirty (30) days of opening that account. Refer to your Business Schedule of Fees for details on accounts that qualify toward the combined balance calculation and receive program benefits. Eligibility to enroll is generally available three (3) or more business days after the end of the calendar month in which you satisfy the requirements. Benefits become effective within thirty (30) days of your enrollment, or for new accounts within thirty (30) days of account

Banking made better with no-fee services: Fee waivers do not apply to analyzed business checking or savings account products or to cards issued under these products. Visit bankofamerica.com/RewardsforBusiness for a complete list of no-fee banking services.

- 3 Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.
- 4 You may elect to receive alerts via text or email. Bank of America does not charge for this service but your mobile carrier's message and data rates may apply. Delivery of alerts may be affected or delayed by your mobile carrier's coverage.
- 5 Mobile check deposits are subject to verification and not available for immediate withdrawal. Other restrictions apply. In the Mobile Banking app menu, select Menu > Help > Browse More Topics > Mobile Check Deposit for details and other terms and conditions. Message and data rates may apply.
- 6 You must be enrolled in Business Advantage 360, our small business online banking or Mobile Banking to use the Cash Flow Monitor and Connected Apps and have an eligible Bank of America® small business deposit account. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.
- 7 When you use Cash Flow Monitor and Connected Apps to access services or information from third parties ("Third-Party Account Information"), you will be subject to any terms and conditions established by those third parties, in addition to Cash Flow Monitor and Connected Apps Terms and Conditions. Bank of America, N.A. provides access to third-party websites and Third-Party Account Information only as a convenience, and is not responsible for, does not guarantee or endorse the services offered, and does not monitor or review such information for accuracy, completeness or otherwise. Information displayed through Cash Flow Monitor and Connected Apps may be more up-to-date when obtained directly from relevant third-party websites. Neither Bank of America, its affiliates, nor their employees provide legal, accounting and tax advice. Bank of America and/or its affiliates or service providers may receive compensation from third parties for clients' use of their services. All third party trademarks, service marks, trade names and logos referenced in this material are the property of their respective owners. Bank of America does not deliver and is not responsible for the products, services or performance of any third party.

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SSM-0S-22-0116.D | 4693900

#### IMPORTANT INFORMATION:

#### **BANK DEPOSIT ACCOUNTS**

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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P.O. Box 15284 Wilmington, DE 19850

SAMPLE ANESTHESIA LIMITED 9476 FALLING WATERS DR E BURR RIDGE, IL 60527-0723

BANK OF AMERICA Preferred Rewards For Business

#### Customer service information

- 1.888.BUSINESS (1.888.287.4637)
- bankofamerica.com
- Bank of America, N.A. P.O. Box 25118 Tampa, FL 33622-5118

#### Your Business Advantage Relationship Banking **Preferred Rewards for Bus Platinum**

for July 1, 2023 to July 31, 2023

**SAMPLE ANESTHESIA LIMITED** 

#### Account summary

Ending balance on July 31, 2023	\$22,259.91	
Service fees	-0.00	
Checks	-5,000.00	
Withdrawals and other debits	-25,499.00	
Deposits and other credits	42,321.91	
Beginning balance on July 1, 2023	\$10,437.00	

Account number: 1

# of deposits/credits: 2

# of withdrawals/debits: 7

# of items-previous cycle1: 0

# of days in cycle: 31

Average ledger balance: \$13,707.97

<sup>1</sup>Includes checks paid, deposited items and other debits

#### REMEMBER

You've got a banking partner ready to help.

As your dedicated Small Business Banker, I'm here to help with all of your business's financial needs and priorities.

**BUSINESS ADVANTAGE** 

Contact me today.

Lauren Orseno 708.928.8742 lauren.orseno@bofa.com

SSM-08-22-0105B | 4878868

#### **IMPORTANT INFORMATION:**

#### **BANK DEPOSIT ACCOUNTS**

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- Tell us the dollar amount of the suspected error.

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## BANK OF AMERICA

#### Your checking account

SAMPLE ANESTHESIA LIMITED | Account #

🕨 | July 1, 2023 to July 31, 2023

Deposits and other credits

Date	Description		Amount
07/14/23	AHCSTAFFING	DES:CONS PAY ID: INDN:SAMPLE ANESTHESIA LIMI CO ID:9810803001 PPI	22,153.14
07/26/23	AHCSTAFFING	DES:CONS PAY ID: INDN:SAMPLE ANESTHESIA LIMI CO ID:9810803001 PPI	20,168.77
Total dep	osits and other	credits	\$42,321.91

#### Withdrawals and other debits

Date	Description	Amount
07/12/23	Online Banking payment to CRD 4696 Confirmation# 1715750516	-1,000.00
07/17/23	Online Banking payment to CRD 4696 Confirmation# 0545909596	-3,400.00
07/17/23	IL TLR transfer to CHK 4144 Banking Ctr WILLOWBROOK #8890134 IL Confirmation# 0562892855	-12,000.00
07/24/23	Online Banking payment to CRD 4696 Confirmation# 3003731148	-810.00
07/27/23	Online Banking payment to CRD 4696 Confirmation# 0348339723	-4,400.00
07/31/23	IRS DES:USATAXPYMT ID:220361214580429 INDN:BERNSTEIN AND REIKES C CO ID:3387702000 CCD	-3.889.60

#### Total withdrawals and other debits

-\$25,499.00

#### Checks

Date	Check #	Amount	
07/05/23	1026	-5,000.00	
Total checks		-\$5,000.00	
Total # of	checks	1	

## Account security you can see

Check your security meter level and watch it rise as you take action to help protect against fraud. See it in the Mobile Banking app and Online Banking.

To learn more, visit bofa.com/SecurityCenter or scan this code.





When you use the QRC feature, certain information is collected from your mobile device for business purposes.

Möbile Banking requires that you download the Mobile Banking app and is only available for select mobile devices.

Message and data rates may apply.

SSM-12-22-0930A 1: 51976 SSM-12-22-0030 A 1 5197654 SAMPLE ANESTHESIA LIMITED | Account #

| July 1, 2023 to July 31, 2023

#### Service fees

The Monthly Fee on your primary Business Advantage Relationship Banking account was waived for the statement period ending 06/30/23. A check mark below indicates the requirement(s) you have met to qualify for the Monthly Fee waiver on the account.

\$15,000+ combined average monthly balance in linked business accounts has not been met

Become a member of Preferred Rewards for Business has been met

For information on how to open a new product, link an existing service to your account, or about Preferred Rewards for Business please call 1.888.BUSINESS or visit bankofamerica.com/smallbusiness.

#### Daily ledger balances

Date	Balance (\$)	Date	Balance(\$)	Date	
07/01	10,437.00	07/14	26,590.14	07/26	
07/05	5,437.00	07/17	11,190.14	07/27	
07/12	4,437.00	07/24	10,380.14	07/31	-

Balance (\$) 30,548.91 26,148.91 22,259.91 Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 144 of 392 PageID #:207

BANK OF AMERICA

SAMPLE ANESTHESIA LIMITED | Account # July 1, 2023 to July 31, 2023

Check images

Account number: Check number: 1026 | Amount: \$5,000.00

1028 SAMPLE ANTSTHESIA LIMITED -July 5, 2023 Pic Stand & Rober \$ 5,000.00 BANK OF AMERICA To Depth to Acout \$24057982903 #071000505# 271037513400#1026



P.O. Box 15284 Wilmington, DE 19850

SAMPLE ANESTHESIA LIMITED 12638 S TALBOT CIR PLAINFIELD, IL 60585-9619 BANK OF AMERICA
Preferred Rewards
For Business

#### **Customer service information**

- 1.888,BUSINESS (1.888,287,4637)
- bankofamerica.com
- Bank of America, N.A.
   P.O. Box 25118
   Tampa, FL 33622-5118

Please see the Important Messages - Please Read section of your statement for important details that could impact you.

### Your Business Advantage Relationship Banking Preferred Rewards for Bus Platinum

for August 1, 2023 to August 31, 2023

SAMPLE ANESTHESIA LIMITED

#### **Account summary**

Beginning balance on August 1, 2023	\$22,259.91
Deposits and other credits	76,674.21
Withdrawals and other debits	-52,091.22
Checks	-0.00
Service fees	-0.00

Ending balance on August 31, 2023 \$46,842.90

Account number:

# of deposits/credits: 7

# of withdrawals/debits: 13

# of items-previous cycle1: 1

# of days in cycle: 31

Average ledger balance: \$34,320.81

<sup>1</sup>Includes checks paid, deposited items and other debits

### Mobile and Online Banking — convenient, secure, simple<sup>1</sup>



Help reduce check fraud by writing fewer checks and switching to digital payments. Scammers are targeting the mail to steal checks and other information.

To learn more, scan the code or go to bofa.com/BillPay.

Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply. When you use the QRC feature, certain information is collected from your mobile device for business purposes.



SSM-02-23-0509.C | 5471548

#### IMPORTANT INFORMATION:

#### BANK DEPOSIT ACCOUNTS

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Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

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- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
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#### Your checking account

SAMPLE ANESTHESIA LIMITED | Account

| August 1, 2023 to August 31, 2023

Deposits and other credits

Date	Description			Amount
08/01/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	4,849.78
08/02/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	8,010.37
08/08/23	Accountable Heal DES:PAYROLL	ID:412846 !NDN:Madison Sample Jr.	CO ID:1452469689 PPD	16,145.73
08/15/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	17,342.63
08/22/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO 1D:1452469689 PPD	14,518.20
08/29/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	15,020.73
08/29/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	786.77
Total dep	osits and other credits		, , , , , <u> </u>	\$76,674.21

Withdrawals and other debits

Date	Description	Amount
08/01/23	MI TLR transfer to CHK 4144 Banking Ctr MERIDIAN #0000308 MI Confirmation# 0390976257	-12,000.00
08/02/23	IL DEPT OF REVEN DES:EDI PYMNTS ID:00001434044880 INDN:BERNSTEIN REIKES CORP CO ID:5555566257 CCD PMT INFO:TXP*47338840301*20099*20230630*T*60588\	-605.88
08/03/23	IL DEPT EMPL SEC DES:UNEMPL TAX ID:XXXXXXXXXX INDN:BERNSTEIN & REIKES COR CO ID:1363042127 CCD PMT INFO:TXP*4767737**230630**00000000000**0000052 489**XXXXXXXXXX	-524.89
08/07/23	Online Banking payment to CRD 4696 Confirmation# 1344418647	-6,400.00
08/09/23	Online Banking payment to CRD 4696 Confirmation# 2662999583	-1,418.69
08/14/23	IRS DES:USATAXPYMT ID:220362611288429 INDN:BERNSTEIN AND REIKES C CO ID:3387702000 CCD	-3,889.00
08/15/23	IL DEPT OF REVEN DES:EDI PYMNTS ID:00001527917008 INDN:BERNSTEIN REIKES CORP CO ID:5555566257 CCD PMT INFO:TXP*473388403000*0112*20230930*T*59400\	-594.00
08/18/23	Online Banking payment to CRD 4696 Confirmation# 0436340740	-2.300.00
08/21/23	Customer Withdrawal Image	15,000.00
08/23/23	Online Banking payment to CRD 4696 Confirmation# 2683105633	-875,76
		continued on the next page

**BUSINESS ADVANTAGE** 

### Go paperless. Greater convenience. Less clutter.

Store and review your statements online. You can access up to seven years of account statements --online or from our mobile app — 24/7 from almost anywhere.

Simply use our Mobile Banking app or sign in online to Business Advantage 360 and click on Profiles & Settings.

Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply. Not all account documents are available in paperless format.

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#### Withdrawals and other debits - continued

Date	Description	Amount
08/31/23	Online Banking payment to CRD 4696 Confirmation# 0648517959	-4,000.00
08/31/23	IRS DES:U5ATAXPYMT ID:220364373323854 INDN:BERNSTEIN AND REIKES C CO ID:3387702000 CCD	-3,889.00
08/31/23	IL DEPT OF REVEN DES:EDI PYMNTS ID:00000295626192 INDN:BERNSTEIN REIKES CORP CO ID:5555566257 CCD PMT INFO:TXP*473388403000*0112*20230930*T*59400\	-594.00
Total wit	hdrawals and other debits	-\$52,091.22

#### Service fees

The Monthly Fee on your primary Business Advantage Relationship Banking account was waived for the statement period ending 07/31/23. A check mark below indicates the requirement(s) you have met to qualify for the Monthly Fee waiver on the account.

\$15,000+ combined average monthly balance in linked business accounts has not been met

Become a member of Preferred Rewards for Business has been met

For information on how to open a new product, link an existing service to your account, or about Preferred Rewards for Business please call 1.888.BUSINESS or visit bankofamerica.com/smallbusiness.

#### Daily ledger balances

Date	Balance (\$)	Date	Balance(\$)	Date
08/01	15,109.69	08/09	30,316.33	08/22
08/02	22,514.18	08/14	26,427.33	08/23
08/03	21,989.29	08/15	43,175.96	08/29
08/07	15,589.29	08/18	40,875.96	08/31
08/08	31,735.02	08/21	25,875.96	

Balance (\$) 40,394.16 39,518.40 55,325.90 46.842.90

#### **Important Messages - Please Read**

We want to make sure you stay up-to-date on changes, reminders, and other important details that could impact you.

#### Now funds deposited by check may be available to you earlier.

We are changing when funds are available to you when your check deposit is not made in person to one of our employees at a financial center. Beginning August 11, 2023, the funds from your check deposit will be available the first business day after the day of your deposit.

Please keep in mind, all deposits are subject to a hold review at any time – and we may place longer holds on certain items in some cases, which could impact your ability to withdraw or use the deposited funds or result in a reduction of your available balance. For more information, please refer to your Deposit Agreement & Disclosures at bankofamerica.com/deposits/resources/deposit-agreements.go.deposit.

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P.O. Box 15284 Wilmington, DE 19850

SAMPLE ANESTHESIA LIMITED 12638 S TALBOT CIR PLAINFIELD, IL 60585-9619 Preferred Rewards.
For Business

#### Customer service information

- 1.888.BUSINESS (1.888.287.4637)
- bankofamerica.com
- Bank of America, N.A.
   P.O. Box 25118
   Tampa, FL 33622-5118

### Your Business Advantage Relationship Banking Preferred Rewards for Bus Platinum

for September 1, 2023 to September 30, 2023

SAMPLE ANESTHESIA LIMITED

#### **Account summary**

Ending balance on September 30, 2023	\$68.040.22
Service fees	-0.00
Checks	-0.00
Withdrawals and other debits	-45,149.83
Deposits and other credits	66,347.15
Beginning balance on September 1, 2023	\$46,842.90

Account number: 1

# of deposits/credits: 4
# of withdrawals/debits: 8

# of items-previous cycle1: 0

# of days in cycle: 30

Average ledger balance: \$64,009.91

<sup>1</sup>Includes checks paid, deposited items and other debits

### Account security you can see

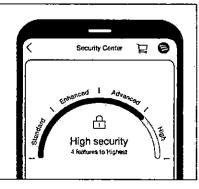
Check your security meter level and watch it rise as you take action to help protect against fraud. See it in the Mobile Banking app and Online Banking.

To learn more, visit bofa.com/SecurityCenter or scan this code.





SSM-12-22-0030A T 5197654



Message and data rates may apply.

#### IMPORTANT INFORMATION:

#### **BANK DEPOSIT ACCOUNTS**

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### Your checking account

SAMPLE ANESTHESIA LIMITED | Account #

| September 1, 2023 to September 30, 2023

Deposits and other credits

Date	Description			Amount
09/06/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	17,521.16
09/12/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	17,267.63
09/19/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	17,240.73
09/26/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	14,317.63
Total dep	osits and other credits			\$66,347.15

#### Withdrawals and other debits

Date	Description	Amount
09/11/23	Online Banking payment to CRD 4696 Confirmation# 3730869352	-1,749.29
09/12/23	BKOFAMERICA BC 09/12 #000003291 WITHDRWL	-12,000.00
09/18/23	PLANET FIT DES:CLUB FEE5 ID:2325803972869 INDN:Madison Sample CO ID:1710602737 PPD PMT INFO:815-600-9018	-25.04
09/19/23	Online Banking payment to CRD 4696 Confirmation# 0414180448	-18,100.00
09/20/23	ISMIE MUTUAL INS DES:PAYMENT ID:29440762 INDN:MADISON SAMPLE JR CO ID:1362883612 WEB PMT INFO:002*64031*2442.00*MADISON SAMPLE JR*2309 20	-2,442.00
09/28/23	Online Banking payment to CRD 4696 Confirmation# 2992059264	-540.00
09/29/23	IRS DES:USATAXPYMT ID:220367293679027 INDN:BERNSTEIN AND REIKES C CO ID:3387702000 CCD	-8,957.00
09/29/23	IL DEPT OF REVEN DES:EDI PYMNTS ID:00001039991760 INDN:BERNSTEIN REIKES CORP CO ID:5555566257 CCD PMT INFO:TXP*473388403000*0112*20230930*T*133650\	~1,336.50
Total wit	ndrawals and other debits	-\$45,149,83

BANK OF AMERICA BUSINESS ADVANTAGE

### Start receiving online alerts today

Get alerts about your account activity online, by phone or by email. Turn on alerts at bankofamerica.com/SmallBusiness by clicking on Alerts in the Activity Center.

You may elect to receive alerts via text or email. Bank of America does not charge for this service, but your mobile carrier's message and data rates may apply. Delivery of alerts may be affected or delayed by your mobile carrier's coverage.

SSM-01-23-2633.B 1 5421083

#### Service fees

The Monthly Fee on your primary Business Advantage Relationship Banking account was waived for the statement period ending 08/31/23. A check mark below indicates the requirement(s) you have met to qualify for the Monthly Fee waiver on the account.

- √ \$15,000+ combined average monthly balance in linked business accounts has been met
- ✓ Become a member of Preferred Rewards for Business has been met

For information on how to open a new product, link an existing service to your account, or about Preferred Rewards for Business please call 1.888.BUSINESS or visit bankofamerica.com/smallbusiness.

Daily ledger balances

Date	Balance (\$)	
09/01	46,842.90	
09/06	64,364.06	
09/11	62,614.77	
09/12	67,882.40	

Date	Balance(\$)	Date	Balance (\$)
09/18	67,857.36	09/26	78,873.72
09/19	66,998.09	09/28	78,333.72
09/20	64,556.09	09/29	68,040.22



P.O. Box 15284 Wilmington, DE 19850

SAMPLE ANESTHESIA LIMITED 12638 S TALBOT CIR PLAINFIELD, IL 60585-9619 BANK OF AMERICA
Preferred Rewards
For Business

#### **Customer service information**

- 1.888.BUSINESS (1.888.287.4637)
- bankofamerica.com
- Bank of America, N.A.
   P.O. Box 25118
   Tampa, FL 33622-5118

### Your Business Advantage Relationship Banking Preferred Rewards for Bus Platinum

for October 1, 2023 to October 31, 2023

#### **SAMPLE ANESTHESIA LIMITED**

#### Account summary

Ending balance on October 31, 2023	\$15.724.17
Service fees	-30.00
Checks	-15,000.00
Withdrawals and other debits	-63,981.61
Deposits and other credits	26,695.56
Beginning balance on October 1, 2023	\$68,040.22

Account number: 1

# of deposits/credits: 2
# of withdrawals/debits: 12
# of items-previous cycle<sup>1</sup>: 0

# of days in cycle: 31

Average ledger balance: \$37,970.73

<sup>1</sup>Includes checks paid, deposited items and other debits

**BUSINESS ADVANTAGE** 

### View your key business metrics all in one place.

Track the trends that matter most to your business, from cash flow and expense management to accounting and payroll data, all within Business Advantage 360.1

To learn more, visit bankofamerica.com/ConnectedApps or just scan this code.

When you use the QRC feature, certain information is collected from your mobile device for business purposes.

You must be enrolled in Business Advantage 360, our small business online banking, or Mobile Banking to use Cash Flow Monitor and Connected Apps, and have an eligible Bank of America's small business deposit account. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices.

Message and data rates may apply.

SSM-08-22-0108.8 | 4878896

## IMPORTANT INFORMATION: BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error
  or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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### BANK OF AMERICA

### Your checking account

SAMPLE ANESTHESIA LIMITED | Account #

October 1, 2023 to October 31, 2023

Deposits and other credits

Date	Description			Amount
10/24/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	8,655.78
10/31/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	18,039.78
Totai dep	osits and other credits			\$26,695.56

#### Withdrawals and other debits

Date	Description	Amount
10/02/23	Customer Withdrawai Image	-15,000.00
10/02/23	PLANET FIT DES:CLUB FEES ID:2327200980961 INDN:Madison Sample CO ID:1710602737 PPD PMT INFO:815-600-9018	-49.00
10/05/23	T-MOBILE DES:PCS SVC ID:9605240 INDN:MADISON SAMPLE CO ID:0000450304 WEB	-73.00
10/17/23	PLANET FIT DES:CLUB FEES ID:2328902929011 INDN:Madison Sample CO ID:1710602737 PPD PMT INFO:815-600-9018	-25.04
10/19/23	Online Banking payment to CRD 4696 Confirmation# 4073190016	-3,118.07
10/19/23	Customer Withdrawal Image	-28,251.00
10/20/23	WIRE TYPE:WIRE OUT DATE:231020 TIME:1420 ET TRN:2023102000407320 SERVICE REF:483543 BNF:BEERMANN LLP ID:004155548 BNF BK:JPMORGAN CHAS E BANK, N. ID:0002 PMT DET:TVWEEG5YA POP Services	-10,000.00
10/31/23	IRS DES:USATAXPYMT ID:220370424219430 INDN:BERNSTEIN AND REIKES C CO ID:3387702000 CCD	-5,068.00
10/31/23	Online scheduled payment to CRD 4696 Confirmation# 2275021842	-1,655.00
10/31/23	IL DEPT OF REVEN DES:EDI PYMNTS ID:00001962474448 INDN:BERNSTEIN REIKES CORP CO ID:5555566257 CCD PMT INFO:TXP*473388403000*0112*20231231*T*74250\	-742.50

### Check fraud is on the rise

Total withdrawals and other debits

Consider writing fewer checks and paying bills in our Mobile app, Online Banking, or setting up automatic payments directly on utility sites.

Scan the code to learn more or visit: bofa.com/HelpPreventFraud



When you use the QRC feature, certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply. SSM-05-23-0809.C | 5695722

-\$63,981.61

| October 1, 2023 to October 31, 2023

#### Checks

Date	Check #	Amount
10/30/23	1401	-15,000.00
Total chec		-\$15,000.00
Total # of	checks	1

#### Service fees

The Monthly Fee on your primary Business Advantage Relationship Banking account was waived for the statement period ending 09/29/23. A check mark below indicates the requirement(s) you have met to qualify for the Monthly Fee waiver on the account.

- \$15,000+ combined average monthly balance in linked business accounts has been met
- Become a member of Preferred Rewards for Business has been met

For information on how to open a new product, link an existing service to your account, or about Preferred Rewards for Business please call 1.888.BUSINESS or visit bankofamerica.com/smallbusiness.

Date	Transaction description	Amount
10/20/23	Wire Transfer Fee	-30.00
Total sen	ice fees	-\$30.00

Note your Ending Balance already reflects the subtraction of Service Fees.

#### Daily ledger balances

Date	Balance (\$)	Date	Balance(\$)	Date	Balance (\$)
10/01	68,040.22	10/17	52,893.18	10/24	20,149.89
10/02	52,991.22	10/19	21,524.11	10/30	5,149.89
10/05	52,918.22	10/20	11,494.11	10/31	15,724.17

Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 164 of 392 PageID #:227

BANK OF AMERICA

SAMPLE ANESTHESIA LIMITED | Account #

Ctober 1, 2023 to October 31, 2023

Check images

Account number: Check number: 1401 | Amount: \$15,000.00

SAMPLE ANESTHESIA LIMITED PRABITALION CIE PRABITILI, IL 6083-9619 1401 PATE NADISON

PATE 1 1515,0000 FRENCHLY Pay Cleck #071000505# 291037513900+1401



P.O. Box 15284 Wilmington, DE 19850

SAMPLE ANESTHESIA LIMITED 12638 S TALBOT CIR PLAINFIELD, IL 60585-9619 BANK OF AMERICA

#### Preferred Rewards

For Business

#### **Customer service information**

- 1.888.BUSINESS (1.888.287.4637)
- bankofamerica.com
- Bank of America, N.A. P.O. Box 25118 Tampa, FL 33622-5118

### Your Business Advantage Relationship Banking Preferred Rewards for Bus Platinum

for November 1, 2023 to November 30, 2023

SAMPLE ANESTHESIA LIMITED

#### Account summary

Beginning balance on November 1, 2023	\$15,724.17
Deposits and other credits	44,235.14
Withdrawals and other debits	-19,510.12
Checks	-20,000.00
Service fees	-41.04
Ending balance on November 30, 2023	\$20,408,15

Account number:

# of deposits/credits: 4

# of withdrawals/debits: 15

# of items-previous cycle1: 1

# of days in cycle: 30

Average ledger balance: \$30,318.63

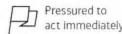
<sup>1</sup>Includes checks paid, deposited items and other debits

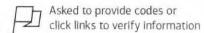
Can you spot a scam?

Be aware of these common red flags:



Contacted unexpectedly and asked for sensitive information







Share these tips with friends and family so they can help protect themselves
Scan this code or visit **bofa.com/HelpProtectYourself** to see trending scams

When you use the QRC feature certain information is collected from your mobile device for business purposes.

SSM-02-23-0079.B | 5449173

## IMPORTANT INFORMATION: BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error
  or why you need more information.
- Tell us the dollar amount of the suspected error.

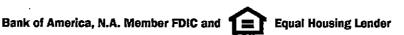
For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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### BANK OF AMERICA

### Your checking account

SAMPLE ANESTHES!A LIMITED | Account #

#

November 1, 2023 to November 30, 2023

Deposits and other credits

Date	Description			Amount
11/03/23	Bank of America DES:CASHREW/ ID:2002290310 PPD	ARD ID:ANESTHESIA LTD INDN:000000	00007470315000000 CO	929.81
11/07/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	17,565.36
11/14/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	17,985.43
11/28/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	7,754.54
Total dep	osits and other credits			\$44,235,14

#### Withdrawals and other debits

Date	Description	Amount
11/03/23	Online Banking payment to CRD 4696 Confirmation# 4201577263	-1,250.00
11/06/23	T-MOBILE DES:PCS SVC ID:8573720 INDN:MADISON SAMPLE CO ID:0000450304 WEB	-164.88
11/08/23	Online Banking payment to CRD 4696 Confirmation# 1544113835	-1,018.15
11/09/23	Online Banking payment to CRD 4696 Confirmation# 1555813935	-4,800.00
11/09/23	IL DEPT OF REVEN DES:EDI PYMNTS ID:00001328519120 INDN:BERNSTEIN REIKES CORP CO ID:5555566257 CCD PMT INFO:TXP*47338840301*20099*20221231*T*8753\	-87.53
11/14/23	Online Banking payment to CRD 4696 Confirmation# 1501335599	-725.04
11/17/23	PLANET FIT DES:CLUB FEES ID:2332002836782 INDN:Madison Sample CO ID:1710602737 PPD PMT INFO:815-600-9018	-25.04
11/21/23	ISMIE MUTUAL INS DES:PAYMENT ID:30261467 INDN:MADISON SAMPLE JR CO ID:1362883612 WEB PMT INFO:002*64031*3421.25*MADISON SAMPLE JR*2311 21	-3,421.25
11/22/23	Online Banking payment to CRD 4696 Confirmation# 2667370460	-1,200.00
11/27/23	BCBS HEALTH DES:BILL PAY ID:19317601381 INDN:MADISON SAMPLE JR CO ID:7529139811 CCD	-1,007.73

continued on the next page

#### BUSINESS ADVANTAGE

### View your key business metrics all in one place.

Track the trends that matter most to your business, from cash flow and expense management to accounting and payroll data, all within Business Advantage 360.1

To learn more, visit bankofamerica.com/ConnectedApps or just scan this code.

When you use the QRC feature, certain information is collected from your mobile device for business purposes.

You must be enrolled in Business Advantage 360, our small business online banking, or Mobile Banking to use Cash Flow Monitor and Connected Apps, and have an eligible Bank of America\* small business deposit account. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices.

Message and data rates may apply.

SSM-08-22-01088 | 4878896

#### Withdrawals and other debits - continued

Date	Description	Amount
11/30/23	0/23 IRS DES:USATAXPYMT ID:220373420741704 INDN:BERNSTEIN AND REIKES C CO ID:3387702000 CCD	
11/30/23	IL DEPT OF REVEN DES:EDI PYMNTS ID:00001245470672 INDN:BERNSTEIN REIKES CORP CO ID:5555566257 CCD PMT INFO:TXP*473388403000*0112*20231231*T*74250\	-742.50

#### Total withdrawals and other debits

-\$19,510.12

#### Checks

Date	Check #	Amount	Date Check #	Amount
11/14/23	1402	-5,000.00	11/30/23 1403	-15,000.00
			Total checks	-\$20,000.00
			Total # of checks	2

#### Service fees

The Monthly Fee on your primary Business Advantage Relationship Banking account was waived for the statement period ending 10/31/23. A check mark below indicates the requirement(s) you have met to qualify for the Monthly Fee waiver on the account.

- \$15,000+ combined average monthly balance in linked business accounts has been met
- Become a member of Preferred Rewards for Business has been met

For information on how to open a new product, link an existing service to your account, or about Preferred Rewards for Business please call 1.888.BUSINESS or visit bankofamerica.com/smallbusiness.

Date	Transaction description			Amount
11/02/23	CHECK ORDER00885 DES:FEE PMT INFO: PRODUCT(S): 25.61	ID:140R2876 S&H: 15.02	IL TAX: 0.41	-41.04
Total sen	vice fees			-\$41 04

Note your Ending Balance olready reflects the subtraction of Service Fees.

#### Daily ledger balances

Date	Balance (\$)	Date	Balance(\$)	Date	Balance (\$)
11/01	15,724.17	11/08	31,745.27	11/22	34,471.84
11/02	15,683.13	11/09	26,857.74	11/27	33,464.11
11/03	15,362.94	11/14	39,118.13	11/28	41,218.65
11/06	15,198.06	11/17	39,093.09	11/30	20,408.15
11/07	32,763.42	11/21	35,671.84		

В	A	NK	ÓF	A	М	E	R	ŀC	A	11/1
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SAMPLE ANESTHESIA LIMITED ] Account # November 1, 2023 to November 30, 2023

**Check images** 

Account number: Check number: 1402 | Amount: \$5,000.00

SAMPLE ANISTHESIA LIMITED

ENDES TALBOT CR
PLANTIED, IL 6005-0619

PATRITUM Becarten & Leikes \$15,000.00

PATRITUM BANK OF AMERICA

ENDES TALBOT CR

ENDES TALB

Check number: 1403 | Amount: \$15,000.00

SAMPLE ANESTHESIA LIMITED

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### BANK OF AMERICA

### Your checking account

SAMPLE ANESTHESIA LIMITED | - Account #

April 1, 2023 to April 30, 2023

Withdrawals	and	other	debits
		Action Applied by talled by	There was the total the second

Date	Description Description	
04/17/23	WIRE TYPE-INTLOUT DATE 220427 THE	Amount
	WIRE TYPE:INTL OUT DATE:230417 TIME:0409 ET TRN:2023041700080325 SERVICE REF:716076 BNF:C AND B CORP PTY LTD ID:06300014168255 BNF BK: COMMONWEALTH BANK OF AU ID:CTBAAU2S PMT DET:GL5WMR DR5 POP CUSTOMER ID NO. CU035248	-60,000.00
04/19/23	Online Banking payment to CRD 4696 Confirmation# 1391525913	
Total with	ndrawals and other debits	-170.00
	and other Nepits	-\$60,170.00

#### Service fees

The Monthly Fee on your primary Business Advantage Relationship Banking account was waived for the statement period ending 03/31/23. A check mark below indicates the requirement(s) you have met to qualify for the Monthly Fee waiver on the account.

\$15,000+ combined average monthly balance in linked business accounts has been met

Become a member of Preferred Rewards for Business has not been met

For information on how to open a new product, link an existing service to your account, or about Preferred Rewards for Business please call 1.888.BUSINESS or visit bankofamerica.com/smallbusiness.

Date	Transaction description	
04/17/23	Wire Transfer Fee	Amount
Total sen	rice fees	-45.00
	nding Balance already reflects the subtraction of Service Fees.	-\$45.00

### Daily ledger balances

Date	Balance (\$)	Date			
	Calance (5)	Date	Balance(\$)	Date	D-1 (6)
04/01	75,000.00	04/17	79 790 700 4000	7	Balance (\$)
	7 5,000.00	04/17	14,955.00	04/19	14,785.00
					1 1,7 03.00

# Important information about a trending payment scam

- We will never call and ask you to send money using Zelle® to yourself or anyone else.
- We will never contact you via phone or text to ask for a security code.
- If anyone reaches out to you and asks you to send money or provide a code, it is likely a scam. Bank of America will not do this.

Learn more about trending scams at bofa.com/helpprotectyourself

Zelle and the Zelle related marks are wholly owned by Early Warning Services, LLC and are used herein under license.

SSM-08-22 0187.8 | 4956677

### BANK OF AMERICA

### Your checking account

SAMPLE ANESTHESIA LIMITED | Account #4

| August 1, 2023 to August 31, 2023

Deposits and	other	credits
--------------	-------	---------

Date	Description			Amount
08/01/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	4,849.78
08/02/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	8,010.37
08/08/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	16,145.73
08/15/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	17,342.63
08/22/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	14,518.20
08/29/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	15,020.73
08/29/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	786.77
Total dep	osits and other credits			\$76,674,21

#### Withdrawals and other debits

Amount	Description	Date
-12,000.00	MI TLR transfer to CHK 4144 Banking Ctr MERIDIAN #0000308 MI Confirmation# 0390976257	08/01/23
-605.88	IL DEPT OF REVEN DES:EDI PYMNTS ID:00001434044880 INDN:BERNSTEIN REIKES CORP CO ID:5555566257 CCD PMT INFO:TXP*47338840301*20099*20230630*T*60588\	08/02/23
-524.89	IL DEPT EMPL SEC DES:UNEMPL TAX ID:XXXXXXXXX INDN:BERNSTEIN & REIKES COR CO ID:1363042127 CCD PMT INFO:TXP*4767737**230630**00000000000**0000052 489**XXXXXXXXXX	08/03/23
-6,400.00	Online Banking payment to CRD 4696 Confirmation# 1344418647	08/07/23
-1,418.69	Online Banking payment to CRD 4696 Confirmation# 2662999583	08/09/23
-3,889.00	IRS DES:USATAXPYMT ID:220362611288429 INDN:BERNSTEIN AND REIKES C CO ID:3387702000 CCD	08/14/23
-594.00	IL DEPT OF REVEN DES:EDI PYMNTS ID:00001527917008 INDN:BERNSTEIN REIKES CORP CO ID:5555566257 CCD PMT INFO:TXP*473388403000*0112*20230930*T*59400\	08/15/23
-2,300.00	Online Banking payment to CRD 4696 Confirmation# 0436340740	08/18/23
-15,000.00	Customer Withdrawal Image	08/21/23
-875.76	Online Banking payment to CRD 4696 Confirmation# 2683105633	08/23/23

continued on the next page

BUSINESS ADVANTAGE

### Go paperless. Greater convenience. Less clutter.

Store and review your statements online. You can access up to seven years of account statements online or from our mobile app -24/7 from almost anywhere.

Simply use our Mobile Banking app or sign in online to Business Advantage 360 and click on Profiles & Settings.

SSM-01-23-2637.6 | 5421106

Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply. Not all account documents are available in paperless format.





## Online banking

Dating and Possible business interest overses.

Account Name: Business Adv Customized Cash Rewards - 0818 Transaction Details

Merchant: JAL 1312138741414

Transaction date: 08/09/2023

Transaction amount: \$2,120.95

Reference number: 55417343221872215601154

Transaction type: Purchase

Merchant category: JAPAN AIR LINES

Expense category: Airlines

Code: 3006

Defails regarding this trip are stored on our home completer, which was stolen from our home

<u></u>	Description MCDONALD'S F11921		1-	\$1,0
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8/10/5053	MCALISTER'S 103790	•	**	<i>\$</i> 12.1(
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	Reference number:	5541734322187221	56011 <i>5</i> 4	*
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	Merchant category: Expense category:	JAPAN AIR LINES		
	Code:	Alriines 3006		
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	A STATE OF THE PROPERTY OF THE			\$46.55
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#### Account Name: Business Adv Customized Cash Rewards - 0818 Transaction Details

Merchant: CEBU AIR 1

Transaction date: 09/01/2023

Transaction amount: \$120.10

Reference number: 75206233244080735157702

Transaction type: Purchase

Merchant category: CEBU PACIFIC - CEBU PA

Expense category: Airlines

Code: 3072

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interest over seas

Details regarding this variety on

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Online lanking

Account Name: Business Adv Customized Cash Rewards - 0818 Transaction Details

Merchant: CHRISTIAN FILIPINA

Transaction date: 07/02/2023

Transaction amount:

Transaction type: Purchase

derchant category: / DATING SERVICES

nse category: - Personal Service Providers

Some Deling Service Spendings:

Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 181 of 392 PageID #:244





Online Banking

Account Name: MADISON SAMPLE JR 0818 Transaction Details

Merchant: CHRISTIAN FILIPINA

Transaction date: 08/04/2023

Transaction amount: \$229.95

Reference number: 85247863216900015796804

Transaction type: Purchase

Merchant category: DATING SERVICES

Expense category: Personal Service Providers

			<u>O</u>	
23	AIRBNB HMF9X4WJ59		\$850.43	
.023 WALGREENS #11955			\$24.25	
2023 CHRISTIAN FILIPINA		Andrew State Control of the Control	\$229.95	
	Transaction date:	08/04/2023		
Reference number: Transaction type: Werchant category: Expense category: Code:		85247863216900015796804  Purchase  DATING SERVICES  Personal Service Providers  7273  Print transaction details   Dispute this transactions	Saction	
7. 0810.	7)2023 <sup>B</sup> BIG JOHN STEAK & ONION	<b>\</b>	\$9.96	
180 E	04/2023 SORTAND'S MEXICAN KITC		\$56.47	
<b>(2)</b> 08	104/2023 RBT SUNOCO 0805953700		-\$0.41	
D	08/04/2023 RET PANDA EXPRESS #278	1	-\$0.41	
Œ)	08/04/2023 RET FIRST WATCH - 0686	**	-\$2.0\$	
200 500		A CONTRACTOR OF THE STANDARD S		

Therefore what God Jam's together liet not man separate. (Matthew 19:6.

### Hadinine.

You're receiving this letter because our records show that you may have four a doors match for you through our Christian Filiphia community. Now we want well you take the new step by physically uniting you with your partners.

inside this packet you'll hip valuable and important information obsolt how to.

books for and obtain a K i or CRI visa for you and your significant after.

Therwill trivation unclosed will answer important operations such as

- HANGE'S: the difference between a K-1 and GRI Viso?
- ...How long does each Visa take to process?...

3: How do they differ in terms of work authorization upon arrival in the U.S. 4: For whom is each visa type best suited?

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Yours in success

isanėvievė Mankrias Visa Spečialist at Filipilpa Visa

Fig. ive included a ticket redeemable for a free travel and immigration; consultation with one of our execute It explices on <u>May 23rd, 2024</u> and our colengar Fills up gotekly, so please call assistage, as (808) 4co−1557 to claim your free consultation whole spots are still available. ri Libra

Fight Durk Return to Dress on theme county

As you are a valued christian Filipina member. I want to share with you an important update in the immigration world right you.

The U.S. Edicenship and Immigration Services (USE) has issued a lincil rule to incresse travel and immigration application fies.

Fortunately, the new prices do not take strong with Autil Ist,

2029 Disagon have someone special in your life that you mappe
like including travel to the U.S. to be with you? If you star? the
application processing you, you may be about a best the fee

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liph, Gen, a Visar specialist at Lulpina Visa, the sistem company of Christian Edjames XIV, team and Lutant of help gariants all of gour visa and travel needs. He can also help if gay are alterate encaged, an even married

in this correlage, it is included a ticker redeemable for a few travel and pamioration consultation with one of our exper-Call to speak with us

But hung, the ticket expires on Morrin 23ra; 2029 - and our Calendar will till up quickly. Call its today at (808) 966-3657

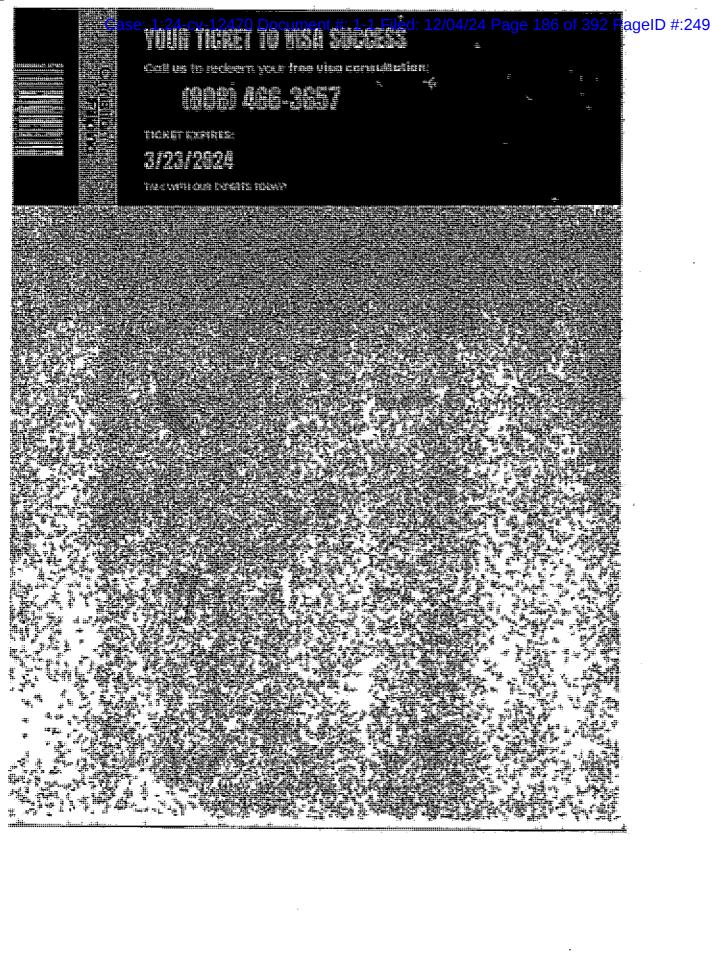
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CALL HOW AT 1888 AGG-3657





#### Differences Between CRI and K-I Visas for U.S. Immigration

CRI Visa - Spousal Visa

K-1 Visa - Fiancé(e) Visa

What is the purpose of each visa type?

Formarried couples - spouses of U.S. citizens or lawful permanent residents.

For engaged couples—flance(e)s of U.S. citizens who plan to marry in the U.S. within 90 days of arrival.

How long does it take to process each visa type? 4

It takes longer than the K-I visa due to the necessary steps of obtaining an immigrant visa abroad.

Generally faster than the CRI visa as it involves fewer steps to approval.

How do the visa types differ in terms of getting permanent residency?

Upon arrival in the U.S., the spouse receives a social security number, two-year green card (conditional residence) and must later apply for permanent residence.

The foreign flance(e) can enter the U.S. and must marry the U.S. citizen within 90 days. After marriage, they must apply for adjustment of status to become a permanent resident.

How do the visa types differ in terms of work authorization upon arrival in the U.S.?

The spouse can work right away.

The spouse needs to apply to get an authorization to work.

For whom is each visa best suited?

Couples who are already married and ready to begin their journey toward permanent residence in the U.S.

Couples who are engaged but not yet married and want to be together in the U.S. as soon as possible.

Whatever your choice, remember that both processes require thorough preparation, adherence to U.S. immigration laws, and clear communication between you and your partner. Always consult with an immigration expert for personalized guidance.

We can help you decide which visa process is best suited for you depending on your needs. Don't let this information slip you away. Call now at (808) 466-3657 to claim your FREE immigration consultation.





#### Account Name: MADISON SAMPLE JR 4057 Transaction Details

Merchant: REDWOOD LODGE - F&B -

Transaction date: 03/06/2023

Transaction amount: \$21.82

Reference number: 24000973066528401177182

Transaction type: Purchase

Merchant category: EATING PLACES, RESTAURANTS

Expense category: Amusement and Entertainment

Code: 5812

Excessive Hotel Bookings, Duting, Business Dissa partion, etc.





### Account Name: MADISON SAMPLE JR 4057 Transaction Details

Merchant: AIRBNB HM8X3TXBBB

Transaction date: 03/20/2023

Transaction amount: \$684,67

Reference number: 24492153079868853446027

Transaction type: Purchase

Merchant category: TRAVEL AGENCIES

Expense category: Transportation



Ž.



### Account Name: Business Adv Customized Cash Rewards - 0818 Transaction Details

Merchant: FOUR POINTS BY SHERATO

Transaction date: 04/19/2023

Transaction amount: \$0.01

Reference number: 55432863110201170996098

Transaction type: Purchase

Merchant category: LODGING-HOTELS, MOTELS, AND RESORTS

Expense category: Hotels and Motels

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### Bank of America 🤧

## Online sanking

### Account Name: MADISON SAMPLE JR 0818 Transaction Details

Merchant: COURTYARD STEELE

Transaction date: 05/24/2023

Transaction amount: \$724,92

Reference number: 55432863144201283684953 ·

Transaction type: Purchase

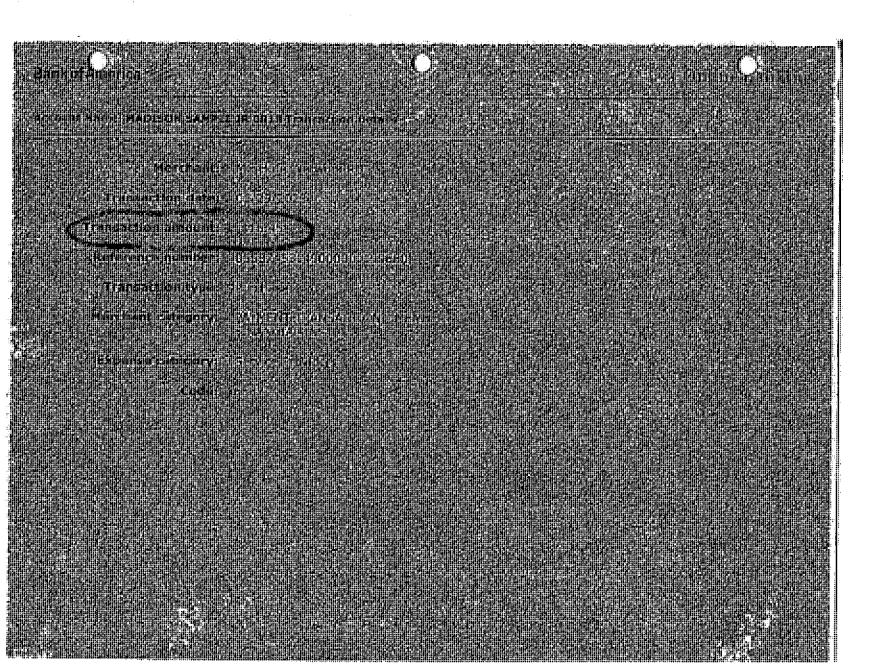
Merchant category: COURTYARD BY MARRIOTT

Expense category: Hotels and Motels

Code: 3690

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Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 195 of 392 PageID #:258







### Account Names MADISON SAMPLE JR 4057 Transaction Details

Merchant: HILTON GARDEN INN

Transaction date: 06/25/2023

Transaction amount: \$595.98

Reference number: 24755423177151774530173

Transaction type: Purchase

Merchant category: HILTON GARDEN INN

Expense category: Hotels and Motels



1



### Account Name: Business Adv Customized Cash Rewards - 0818 Transaction Details

Merchant: AIRBNB HMKRCD3PCQ

Transaction date: 07/07/2023

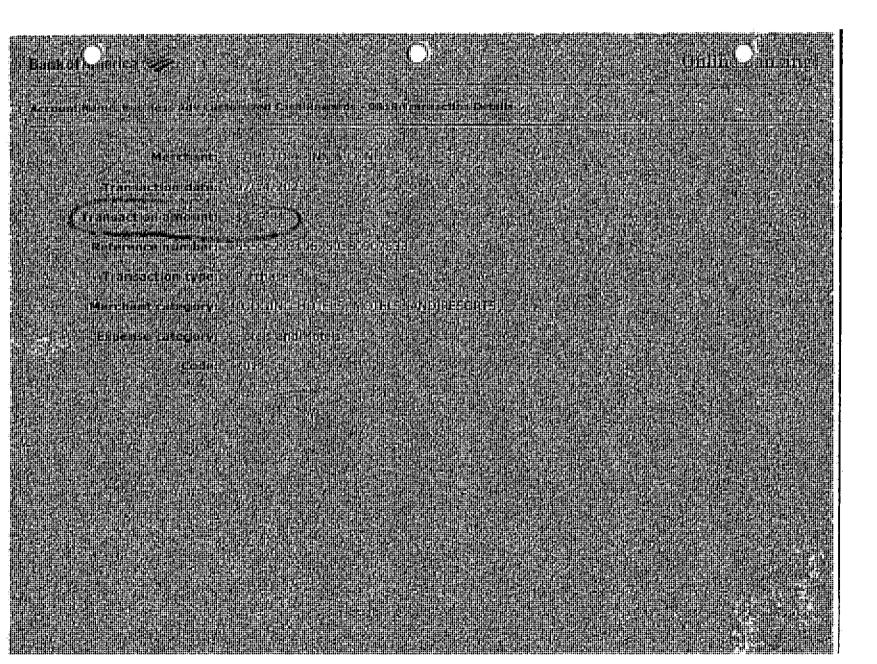
Transaction amount: \$372.36

Reference number: 55429503188717903512013

Transaction type: Purchase

Merchant category: TRAVEL AGENCIES

Expense category: Transportation



Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 198 of 392 PageID #:261





Online Banking

### Account Name: Business Adv Customized Cash Rewards - 0818 Transaction Details

Merchant: COURTYARD STEELE

Transaction date: 07/19/2023

Transaction amount: \$0.01

Reference number: 55432863205206954309968

Transaction type: Purchase

Merchant category: COURTYARD BY MARRIOTT

Expense category: Hotels and Motels

Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 199 of 392 PageID #:262





Online Banking

Account Name: Business Adv Customized Cash Rewards - 0818 Transaction Details

Merchant: BUDGET RENT A CAR

Transaction date: 07/23/2023

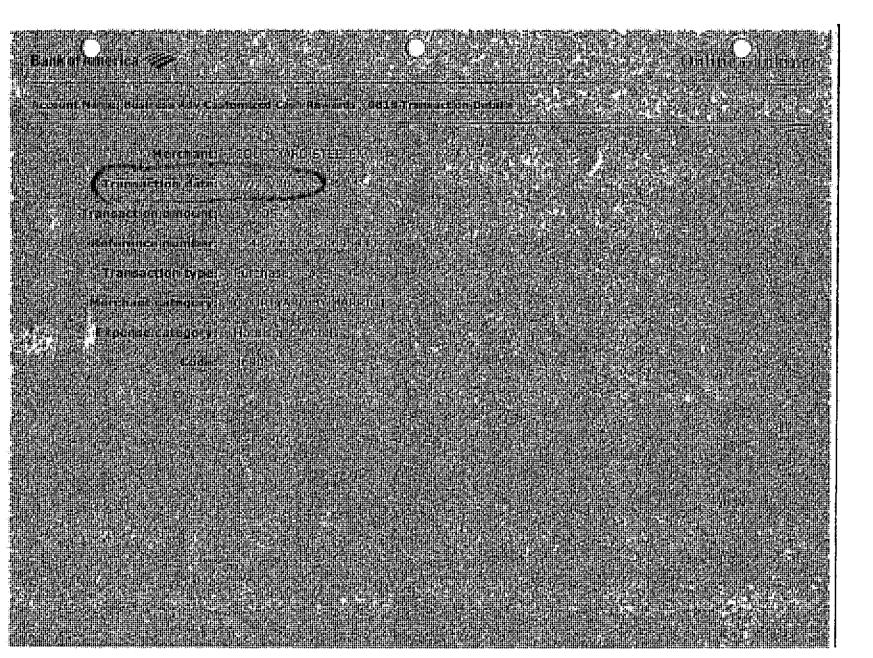
Transaction amount: \$265.85

Reference number: 52708063205826655433998

Transaction type: Purchase

Merchant category: BUDGET RENT-A-CAR

Expense category: Automobile/Vehicle Rentals



Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 201 of 392 PageID #:264







Account Name: Business Adv Customized Cash Rewards - 0818 Transaction Details

Merchant: COMSTOCK INN & CONFERE

Transaction date: 07/29/2023

Transaction amount: \$102.60

Reference number: 55506293211750384940721

Transaction type: Purchase

Merchant category: LODGING-HOTELS, MOTELS, AND RESORTS

Expense category: Hotels and Motels







### Account Name: Business Adv Customized Cash Rewards - 0818 Transaction Details

Merchant: COMSTOCK INN & CONFERE

Transaction date: 07/30/2023

Transaction amount: -\$102,60

Reference number: 55506293212750385099773

Transaction type: Purchase

Merchant category: LODGING-HOTELS, MOTELS, AND RESORTS

Expense category: Hotels and Motels

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## Online canking

### Account Name: Business Adv Customized Cash Rewards - 0818 Transaction Details

Merchant: AIRBNB HMF9X4WJ59

Transaction date: 08/05/2023

Transaction amount: \$850.43

Reference number: 55429503217743399205909

Transaction type: Purchase

Merchant category: TRAVEL AGENCIES

Expense category: Transportation





## Online banking

Account Name: Business Adv Customized Cash Rewards - 0818 Transaction Details

Merchant: HOTELSCOM7263618373662

Transaction date: 08/20/2023

Transaction amount: \$192.10

Reference number: 55432863232204998827019

Transaction type: Purchase

Merchant category: TRAVEL AGENCIES

Expense category: Transportation





# Online Ganking

### Account Name: Business Adv Customized Cash Rewards - 0818 Transaction Details

Merchant: AIRBNB HMNEA4WH2P

Transaction date: 08/22/2023

Transaction amount: \$7,86.77

Reference number: 55429503234713095338857

Transaction type: Purchase

Merchant category: TRAVEL AGENCIES

Expense category: Transportation.

Bankof America

Online Banking

TRAVE (

Account Name: MADISON SAMPLE JR 0818 Transaction Details

Merchant: EXPEDIA 72640611155288

Transaction date: 08/25/2023

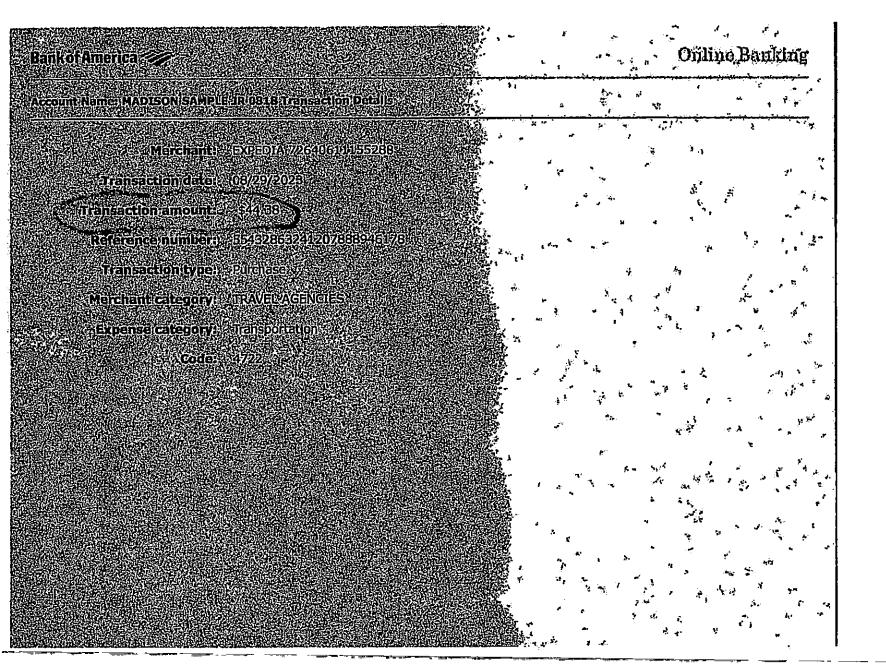
Transaction amount: \$907.92

Reference number: 55432863237206681335627

Transaction type: Purchase

Merchant category: TRAVEL AGENCIES

Expense category: Transportation





Online Banking

### Account Name: Business Adv Customized Cash Rewards - 0818 Transaction Details

Merchant: EXPEDIA 72640611155288

Transaction date: 09/01/2023

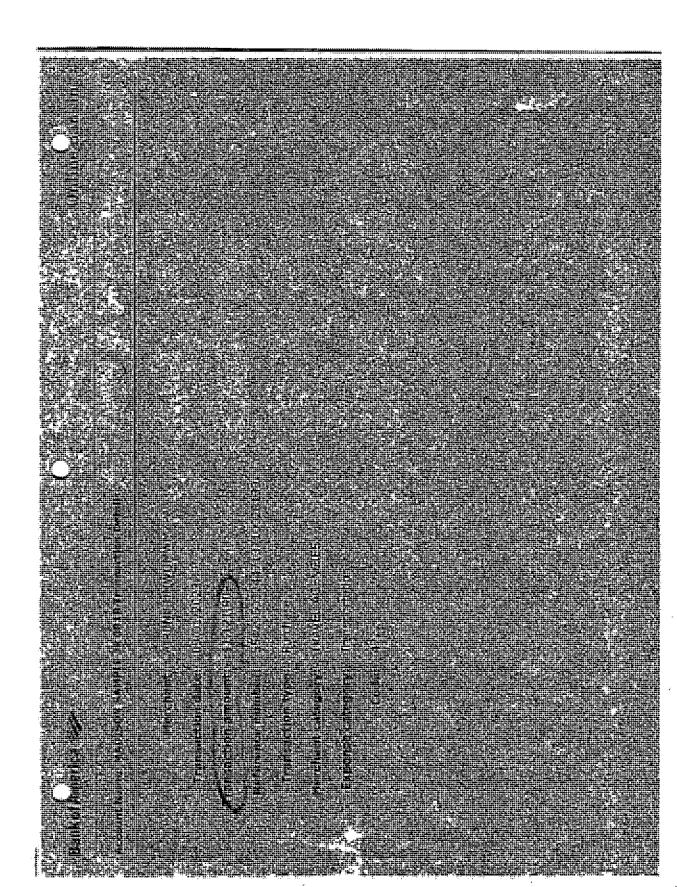
Transaction amount: \$129.90

Reference number: 55432863244208590136352

Transaction type: Purchase

Merchant category: TRAVEL AGENCIES

Expense category: Transportation







## Ouline Banking

### Account Name: MADISON SAMPLE JR 0818 Transaction Details

Merchant: AIRBNB HMDRJHTY3M

Transaction date: 09/08/2023

Transaction amount: \$1,121.90

Reference number: 55429503251743807027306

Transaction type: Purchase

Merchant category: TRAVEL AGENCIES

Expense category: Transportation





### Ouline hanking

### Account Name: Business Ady Customized Cash Rewards - 0818 Transaction Details

Merchant: COMSTOCK INN & CONFERE

Transaction date: 09/12/2023

Transaction amount: \$945.00

Balance: \$1,089.27

Reference number: 55506293256750395567162

Transaction type: Purchase

Merchant category: LODGING-HOTELS, MOTELS, AND RESORTS

Expense category: Hotels and Motels

Cade: 7011



Account Name: Business Adv Customized Cash Rewarded



**Transaction Details** 

Merchant: CHRISTIAN

CHRISTIAN FILIPINA

Transaction date: 07/02/2023

Transaction amount: \$597.00

Balance: \$852.05

Reference number: 85247863183900012469941

Transaction type: Purchase

Merchant category: DATING SERVICES

Expense category: Personal Service Providers

Code: 7273

Some Deting Service Spendings.

This transaction is repeated throughout 2023, For dating.

Dating Service is over the \$400,00 limit for 4/11/2023 Court order. The court ignors DR. Sa actions time and time again. Way?

### Account Name: MADISON SAMPLE JR Transaction I

Merchant: CHRISTIAN FILIPINA

Transaction date: 08/04/2023

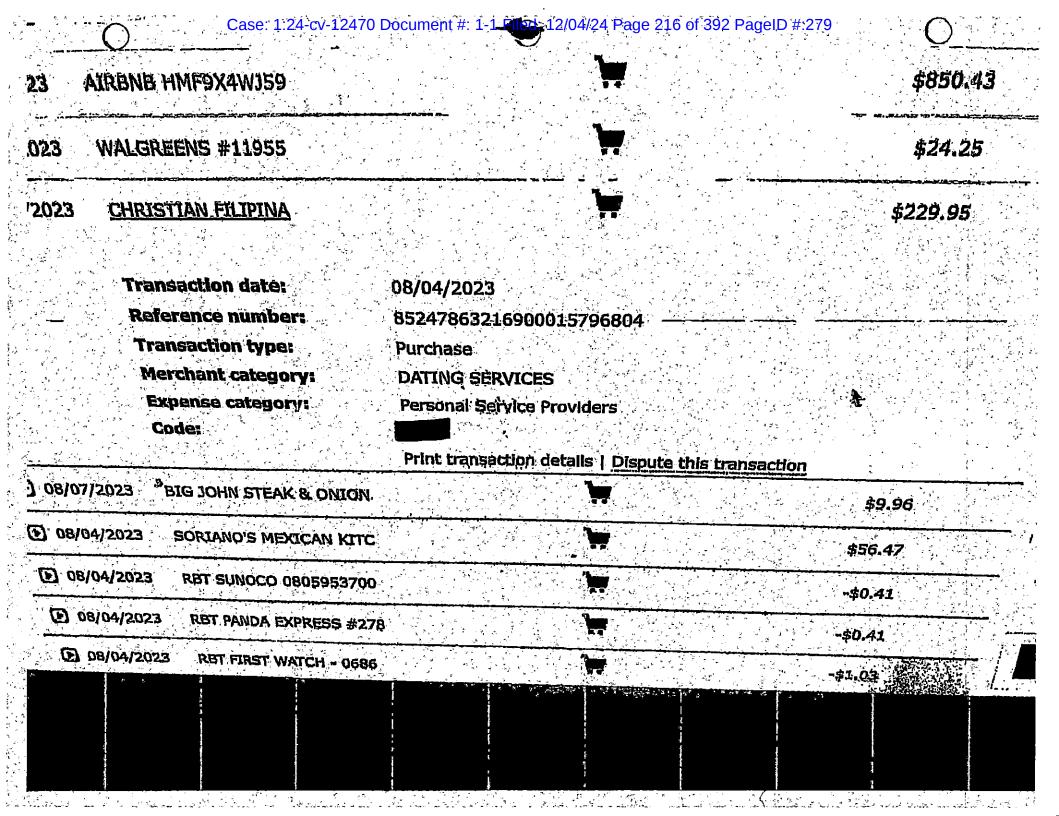
Transaction amount: \$229.95

**Reference number:** 85247863216900015796804

**Transaction type:** Purchase

Merchant category: DATING SERVICES

**Expense category:** Personal Service Providers







Dating and Possible bysiness interest oversess

Account Name: Business Adv Customized Cash Rewards -



Merchant: JAL 1312138741414

Transaction date: 08/09/2023

Transaction amount: \$2,120.95

Reference number: 55417343221872215601154

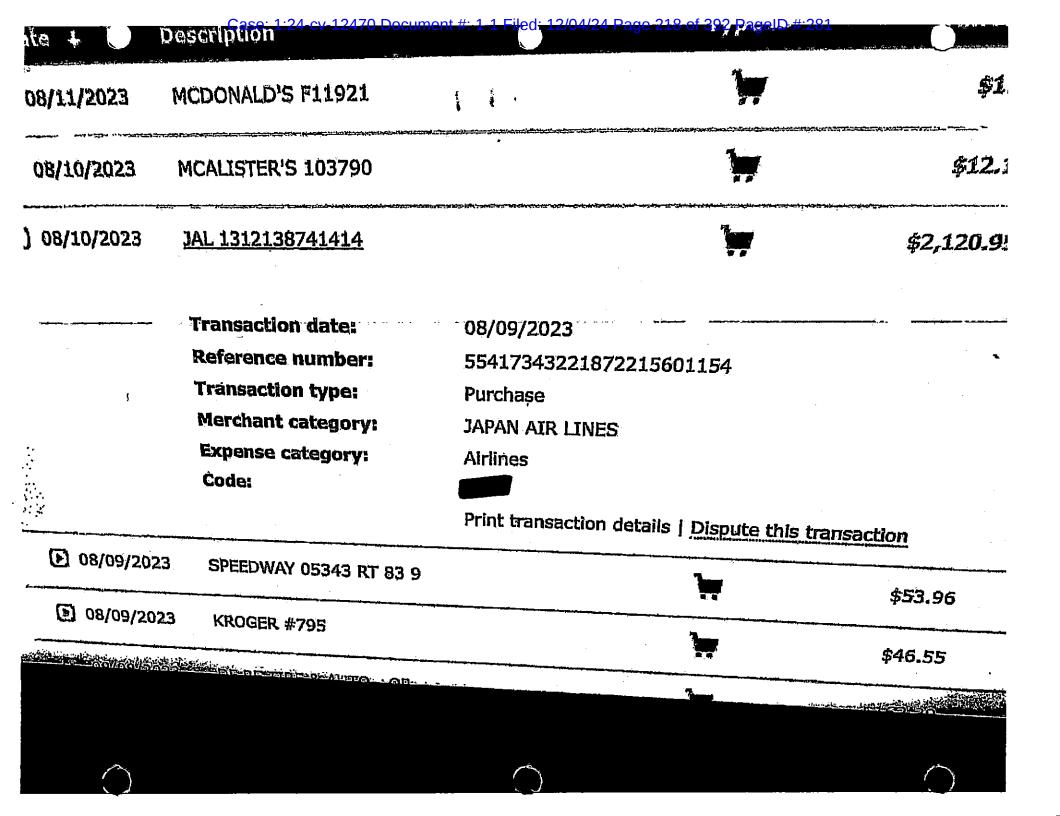
Transaction type: Purchase

Merchant category: JAPAN AIR LINES

Expense category: Airlines

Code: 3006

Details regarding this trip are stored on our home computer, which was storen from our home by Myd. Son:



Account Name: Business Adv Customized Cash Rewards -



Merchant: CEBU AIR I

Transaction date: 09/01/2023

Transaction amount: \$120.10

Reference number: 75206233244080735157702

Transaction type: Purchase

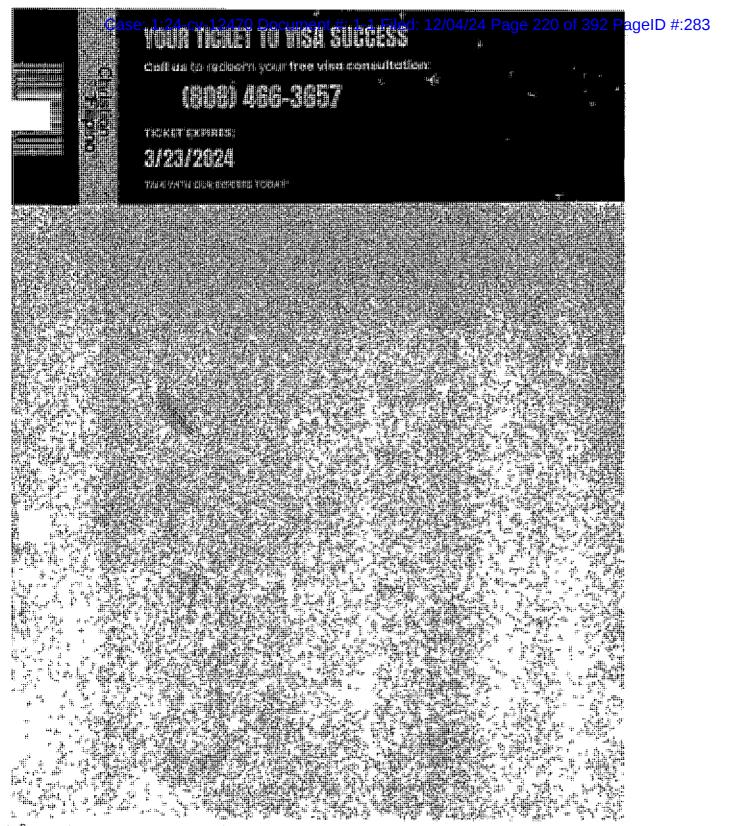
Merchant category: CEBU PACIFIC - CEBU PA

Expense category: Airlines

Code: 3072

Details regarding this
over seas trip is stored on
our home computer which was
taken by Madison

Dating and Possible busines interest overseqs.



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INCREASING ON APRIL 1st, 2024

Pika onjakan kujuan on pesanga anga 1252 da sa Manakanan manakan manakan pas

EECH THE VISA PROCESS MON' DEFORETHE FEET INCHEASE!

CALL HOW AT DOM 455-3657



#### Differences Between CRI and K-1 Visas for U.S. Immigration

CRI Visa - Spousal Visa

K-1 Visa - Fiancé(e) Visa

What is the purpose of each visa type?

For married couples – spouses of U.S. citizens or lawful permanent residents.

For engaged couples—fiance(e)s of U.S. citizens who plan to marry in the U.S. within 90 days of arrival.

How long does it take to process each visa type?

It takes longer than the K-I visa due to the necessary steps of obtaining an immigrant visa abroad.

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How do the visa types differ in terms of getting permanent residency?

Upon arrival in the U.S., the spouse receives a social security number, two-year green card (conditional residence) and must later apply for permanent residence.

The foreign fiancé(e) can enter the U.S. and must marry the U.S. citizen within 90 days. After marriage, they must apply for adjustment of status to become a permanent resident.

How do the visa types differ in terms of work authorization upon arrival in the U.S.?

The spouse can work right away.

The spouse needs to apply to get an authorization to work.

For whom is each visa best suited?

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Couples who are engaged but not yet married and want to be together in the U.S. as soon as possible.

Whatever your choice, remember that both processes require thorough preparation, adherence to U.S. immigration laws, and clear communication between you and your partner. Always consult with an immigration expert for personalized guidance.

We can help you decide which visa process is best suited for you depending on your needs. Don't let this information slip you away. Call now at (808) 466-3657 to claim your FREE immigration consultation.

Case: 4:34-ov-12470 Document #: 1-1. Filed: 12/04/24 Page 223 of 392 PageID #:286

Hi Hadison, Further information stones on home compter

Stolen by medison

As you are a valued Christian Filipina member, I want to share with you an important update in the immigration world right now.

The U.S. Citizenship and Immigration Services (USCIS) has issued a final rule to increase travel and immigration application fees.

Fortunately, the new prices do not take effect until April 1st, 2024. Do you have someone special in your life that you might like helping travel to the U.S. to be with you? If you start the application processing now, you may be able to beat the fee increase.

Allow me to introduce myself.

I'm Gen, a Visa Specialist at Filipino Visa, the sister company of Christian Filipina. My team and I want to help you with all of your visa and travel needs. We can also help if you are already engaged, or even married.

In this envelope, I've included a ticket redeemable for a free travel and immigration consultation with one of our experts. Call to speak with us.

But hurry. The ticket expires on March 23rd, 2024 - and our calendar will fill up quickly. Call us today at (808) 466-3657.

Yours in success, Genevieve Manlutac Filipino Visa Specialist (808) 466-3657 "Therefore what God joins together, let not man separate." (Matthew 19:6)

Madison

You re receiving this letter because our records show that you may have found God's match for you through our Christian Filipina community. Now we want to help you take the next step by physically uniting you with your partner.

Inside this packet you'll find valuable and important information about how to apply for and obtain a K-I or CRI visa for you and your significant other.

The information enclosed will answer important questions such as:

- I. What's the difference between a K-I and CRI Visa?
- 2. How long does each Visa take to process?
- 3. How do they differ in terms of work authorization upon arrival in the U.S.?
- 4. For whom is each visa type best suited?

Our experienced team has helped thousands of happy people with bringing their I ones to the United States as quickly as possible, through safe and legal means. We're here to help you make the process fast, easy, and hassle-free.

Yours in success,

Genevieve Manlutac, Visa Specialist at Filipino Visa (808) 466-3657

P.S. I've included a ticket redeemable for a free travel and immigration consultation with one of our experts. It expires on May 23rd, 2024 and our calendar fills up quickly, so please call us today at (808) 466-3657 to claim your free consultation while spots are still available.



Online Banking

Account Name: MADISON SAMPLE JR

**Transaction Details** 

Merchant: REDWOOD LODGE - F&B

Transaction date: 03/06/2023

Transaction amount: \$21.82

Reference number: 24000973066528401177182

Transaction type: Purchase

Merchant category: EATING PLACES, RESTAURANTS

Expense category: Amusement and Entertainment

Code: 5812

Excessive Hotel Bookings, Dating, Bushess, Dissapation, etc.



Online Banking

Account Name: MADISON SAMPLE JR

IR Transaction Details

Merchant: AIRBNB HM8X3TXBBB

Transaction date: 03/20/2023

Transaction amount: \$684,67

Reference number: 24492153079868853446027

Transaction type: Purchase

Merchant category: TRAVEL AGENCIES

Expense category: Transportation



Online banking

Account Name: Business Adv Customiled Cash Rewards -

Transaction Details

Merchant: FOUR POINTS BY SHERATO

Transaction date: 04/19/2023

Transaction amount: \$0.01

Reference number: 55432863110201170996098

Transaction type: Purchase

Merchant category: LODGING-HOTELS, MOTELS, AND RESORTS

Expense category: Hotels and Motels



Online Starking

Account Name: MADISON SAMPLE JR

Transaction Details

Merchant: COURTYARD STEELE

Transaction date: 05/24/2023

Transaction amount: \$724.92

Reference number: 55432863144201283684953

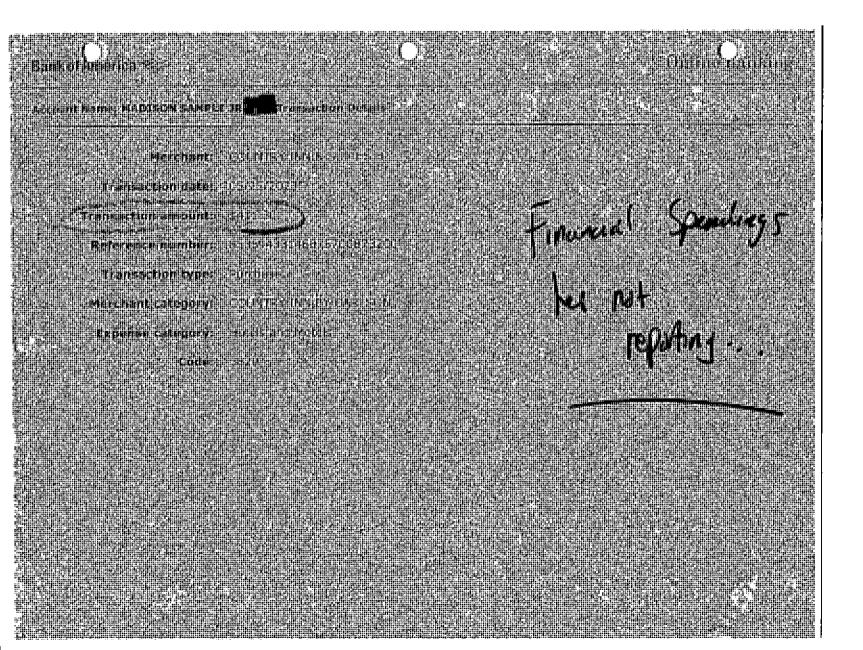
Transaction type: Purchase

Merchant category: COURTYARD BY MARRIOTT

Expense category: Hotels and Motels

**Code:** 3690

Further details regarding these hotel transactions are Stored on our home computer, stolen by Madison. (i) (indice) elektrika kalender († 1869) 1969 († 1869) Pransakanski prase († 1869) Contraction (1974) Contraction ( 



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Code	
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Online ban

Account Name: MADISON SAMPLE JR

Transaction Details

Merchant: HILTON GARDEN INN

Transaction date: 06/25/2023

Transaction amount: \$595.98

Reference number: 24755423177151774530173

Transaction type: Purchase

Merchant category: HILTON GARDEN INN

**Expense category:** Hotels and Motels

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Online Banking

Account Name: Business Adv Customized Cash Rewards -

Transaction Details

Merchant: AIRBNB HMKRCD3PCQ

Transaction date: 07/07/2023

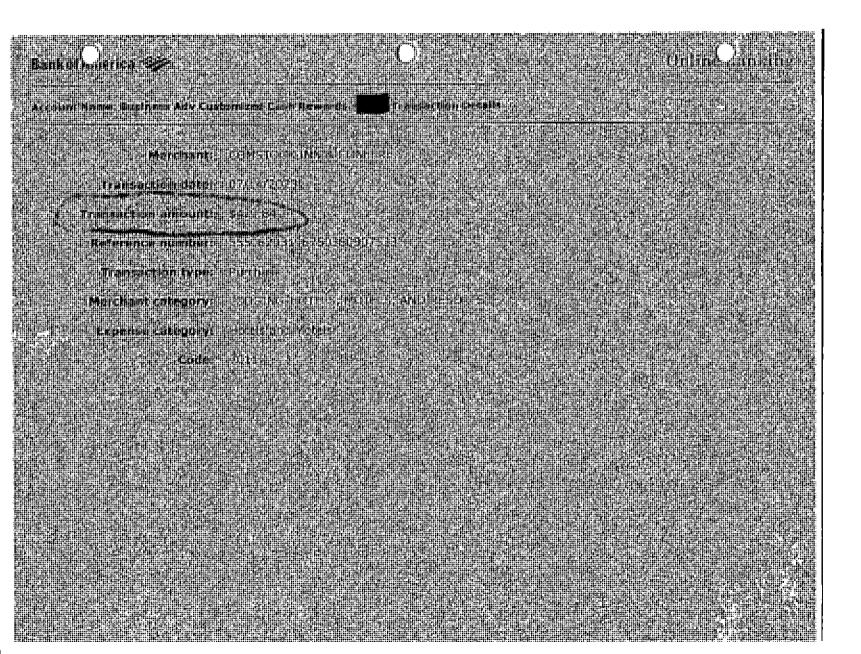
Transaction amount: \$372,36

Reference number: 55429503188717903512013

Transaction type: Purchase

Merchant category: TRAVEL AGENCIES

Expense category: Transportation









Account Name: Business Adv Customized Cash Rewards



Transaction Details

Merchant: COURTYARD STEELE

Transaction date: 07/19/2023

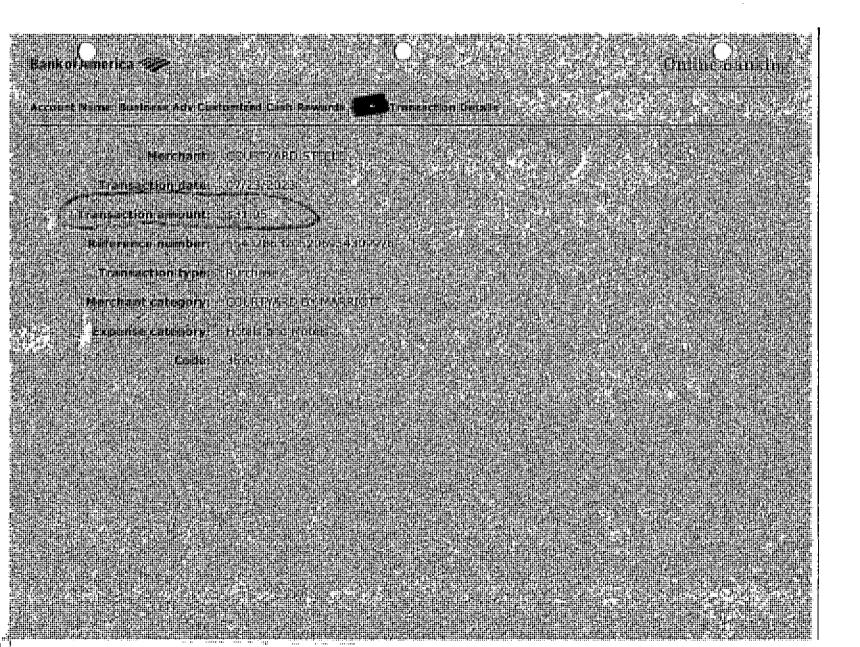
Transaction amount: \$0.01

**Reference number:** 55432863205206954309968

Transaction type: Purchase

Merchant category: COURTYARD BY MARRIOTT

**Expense category:** Hotels and Motels





 $\mathcal{C}$ 

Online Banking

Account Name: Business Adv Customized Cash Rewards

Transaction Details

Merchant: BUDGET RENT A CAR

Transaction date: 07/23/2023

Transaction amount: \$265.85

Reference number: 52708063205826655433998

Transaction type: Purchase

Merchant category: BUDGET RENT-A-CAR

Expense category: Automobile/Vehicle Rentals





Account Name: Business Adv Customized Cash Rewards



Transaction Details

Merchant: COMSTOCK INN & CONFERE

Transaction date: 07/29/2023

Transaction amount: \$102.60

**Reference number:** 55506293211750384940721

Transaction type: Purchase

Merchant category: LODGING-HOTELS, MOTELS, AND RESORTS

**Expense category:** Hotels and Motels







Account Name: Business Adv Customized Cash Rewards

Transaction Details

Merchant: COMSTOCK INN & CONFERE

Transaction date: 07/30/2023

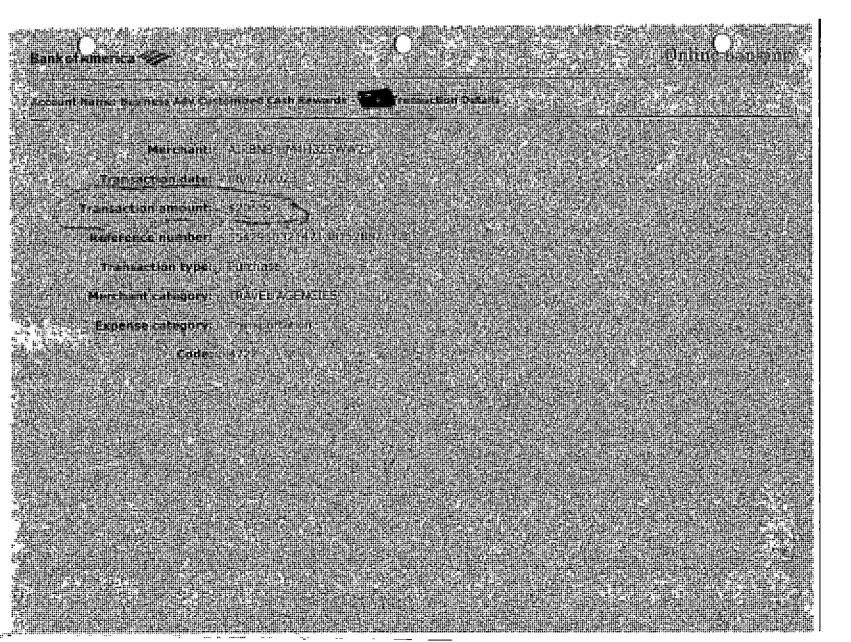
Transaction amount: -\$102.60

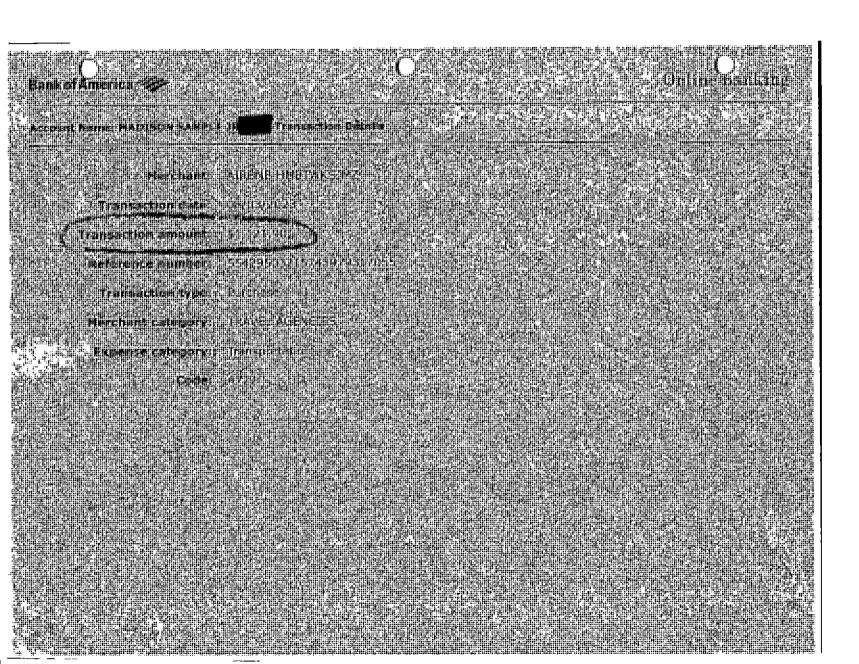
Reference number: 55506293212750385099773

Transaction type: Purchase

Merchant category: LODGING-HOTELS, MOTELS, AND RESORTS

**Expense category:** Hotels and Motels









Online Banking

Account Name: Business Adv Customized Cash Rewards

Transac

Transaction Details

Merchant: AIRBNB HMF9X4WJ59

Transaction date: 08/05/2023

Transaction amount: \$850.43

**Reference number:** 55429503217743399205909

Transaction type: Purchase

Merchant category: TRAVEL AGENCIES

**Expense category:** Transportation





Online Banking

Account Name: Business Adv Customized Cash Rewards -

ransaction Details

Merchant: HOTELSCOM7263618373662

Transaction date: 08/20/2023

Transaction amount: \$192.10

Reference number: 55432863232204998827019

Transaction type: Purchase

Merchant category: TRAVEL AGENCIES

Expense category: Transportation







Account Name: Business Adv Customized Cash Rewards

ransaction Details

Merchant: AIRBNB HMNEA4WH2P

Transaction date: 08/22/2023

Transaction amount: \$786.77

**Reference number:** 55429503234713095338857

Transaction type: Purchase

Merchant category: TRAVEL AGENCIES

**Expense category:** Transportation

# Bankof America

Online Banking

TRAVEL

Account Name: MADISON SAMPLE JR

Transaction Details

Merchant: EXPEDIA 72640611155288

Transaction date: 08/25/2023

Transaction amount: \$907.92

Reference number: 55432863237206681335627

Transaction type: Purchase

Merchant category: TRAVEL AGENCIES

Expense category: Transportation

Online Banking Bankof America 🧼 Account Name: MADISON SAMPLE IR ransaction Details Merchant: = EXPEDIA 7/264061/11/55288 Transaction date: 08/29/2023 Transaction amount: \_=\$44.38 Reference number: 255432863241207888946178 Transaction type: Purchase TRAVEL AGENCIES Merchant category: Expense category: Transportation Code: 4722



Online Banking

Account Name: Business Adv Customized Cash Rewards -

Transaction Details

Merchant: EXPEDIA 72640611155288

Transaction date: 09/01/2023

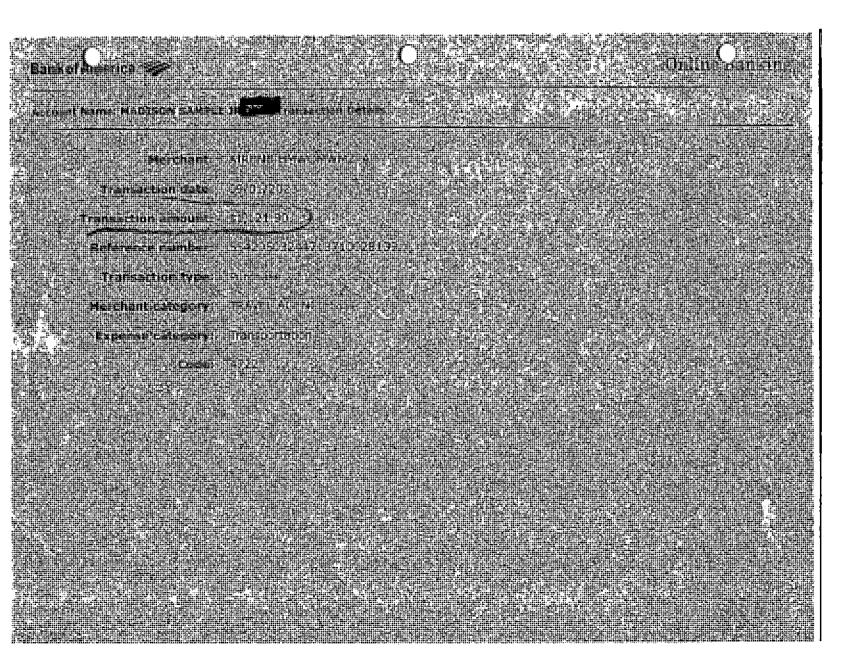
Transaction amount: \$129.90

**Reference number:** 55432863244208590136352

Transaction type: Purchase

Merchant category: TRAVEL AGENCIES

**Expense category:** Transportation







Online Sanking

Account Name: MADISON SAMPLE JR

ransaction Details

Merchant: AIRBNB HMDRJHTY3M

Transaction date: 09/08/2023

Transaction amount: \$1,121.90

**Reference number:** 55429503251743807027306

Transaction type: Purchase

Merchant category: TRAVEL AGENCIES

**Expense category:** Transportation

Bankof America 🌮

Online Bankin

Account Name: Business Adv Customized Cash Rewards

Transaction Details

Merchant: COMSTOCK INN & CONFERE

Transaction date: 09/12/2023

Transaction amount: \$945.00

Balance: \$1,089.27

**Reference number:** 55506293256750395567162

Transaction type: Purchase

Merchant category: LODGING-HOTELS, MOTELS, AND RESORTS

**Expense category:** Hotels and Motels



### Account Name: Business Adv Customized Cash Rewards -



Merchant: BP#9736190CAPL IL00QPS

Transaction date: 09/19/2023

Transaction amount: \$50.83

Balance: \$16,692.86

**Reference number:** 55316583263744001986226

Transaction type: Purchase

Merchant category: AUTOMATED FUEL DISPENSERS

Expense category: Automobiles and Vehicles

Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 252 of 392 PageID #:315



## Account Name: Business Adv Customized Cash Rewards



Merchant: BP#6447288BATTLE CRQPS

Transaction date: 09/17/2023

Transaction amount: \$45.09

Balance: \$16,455.82

**Reference number:** 55316583261744009703112

Transaction type: Purchase

Merchant category: AUTOMATED FUEL DISPENSERS

Expense category: Automobiles and Vehicles

# **EXHITBIT: 9**

DEATH THREAT, JUDICIAL THREATS, INTIMIDATION, AND HARASSMENT BY DEFENDANT, DR MADISON SAMPLE

#### Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 254 of 392 PageID #:317



Jack Johnson < jackshousinganddevelopment@gmail.com>

#### Summary

Madison Sample Jr <msamplejr@gmail.com>

Tue, Jul 25, 2023 at 10:46 AM

To: Jack Sample <jackshousinganddevelopment@gmail.com> Co: "Madison (share) Sample, Jr" <msamplejr@gmail.com>

Jackie

I prefer talking to you but I am sure that will not go well.

I am sure you heard the Judge. He made it clear that this should be easier without kids. This should be like contract negotiations. Divorce is always hard. It is hard on me like it is on you. But do we really want to make a hard situation worse! We are at a critical point. Either we

- 1. Work together and mediate to an agreement or
- 2. We will continue to litigate, spend money we don't have or we should split and come out the other end far worse. Do you really want to spend proceeds from the 7439 Prairie sale to hurt me, or is it better to have that money for yourself?

I have instructed John to make you a good offer that you and your attorney can review. We need to remove emotions out of it because emotions can lead to both of us being a lot poorer!

I know you are angry with me. But I beg you to look at this moment critically. I remember when you used to brag "I am not like most women. I think like a man". You (not me) said this to disparage women. I am not saying all men think logically. What I am saying is that our current situation demands that we think logical.

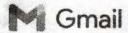
I have not been able to talk with you in many months! I pray we can talk about this tonight.

The Judge could not of been more clear! Is it more important to hurt me or you having a piece of a bigger money pie to live more important. It's up to you. I have been consistent from the beginning. It's more important to sale the house, divide assets and liabilities and move on.

Madison

Sent from my iPod

Madison Sample Jr MD



Jack Johnson <jackshousinganddevelopment@gmail.com>

#### Re: Settlement Outline.

Madison Sample Jr <msamplejr@gmail.com>

Mon, Aug 7, 2023 at 4:50 PM

To: Jack Johnson < jackshousinganddevelopment@gmail.com>

You still underestimate me. I know who you are and what you have. And it has a name.

The Judges impassioned speech I thought would not rest in your soul.

Several things I know about you:

- 1. Your Number one game is control. You take glee in trying to control and manipulate me. Even when it is not in your best interest.
- 2. I have become a cash cow only. I spent a big savings account to zero and even money I didn't have.
- I can never give you enough! There is often a Violent reaction when i tell you NO. Your will is the only thing that is important in your dominion.
- 3. You want to break me. It is more important that you tarnish my reputation with my family and job, Even if that hurts you. The Judge could not have been more clear. The path you have chosen leads to death. You don't care.
- 4. You do not even have the ability to say you are sorry. You cannot apologize.
- 5. Your master plan is to delay this home sale until it doesn't sale. I cannot pay house not anymore. And we lose Big money to the non black man Bank. Of course, it will be my fault for your delay. Again.

Those attributes have a name. Your chosen path will lead to destruction and once achieved you will blame me for your decision. Again, that has a diagnosis.

- A. I was Very important for your parents when medical problems arose. I am Not sure your mother would be alive without me.
- B. I took good care of you. You experienced things you never would have otherwise!
- C. Many times I took care of you when sick including asthma. It didn't matter what time of day or my work schedule the next day.

It is CLEAR, that it is More important that I lose everything including my reputation; than you being in the best position to succeed post divorce. You say you are different than most women. That is not true. This is all emotion and no logic. Just like what most men in the West experience. Same path. Different woman.

You want to burn the house down. I see really clearly. I don't even believe you have any intellectual control over your actions. It is all reflex actions. That's saying something.

Sent from my iPod

Madison Sample Jr MD

On Aug 6, 2023, at 8:31 AM, Jack Johnson < jackshousinganddevelopment@gmail.com> wrote:

Thanks Madison Understood.

I need access to our credit card. You have seen how badly I need new-underwear for over 6 months. I've been wearing underwear which is fit for the trash since January, and it's embarrassing.

Also, my daughter, Tayler need me. May i use our card to go and check on my daughter?

Hopefully you agree that checking on Tayler's well being shouldn't be based on you punishing me or negotiating your leverage.

You have taken at least 5 getaways and haven't you seen your family and kids recently?

I hope so. Withholding financial means is cruel especially when blocking my access results in me being unable to check on my daughter, Tayler.

Not only does Tayler need me. I need her too. Will you please not stand in the way of this?

If you don't undo this and make this trip possible for me to check on Tayler and for me to be able to meet basic needs,

Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 256 of 392 PageID #:319 there will never be a reason that you should refer to me as Jackie dear.

This is my last time requesting that you make allowance for my humanistic basic need be met,

Thanks Madison

<image0.jpeg><image1.jpeg>

On Aug 5, 2023, at 4:08 AM, Madison Sample Jr <msamplejr@gmail.com> wrote:

It's one account. Itrust capital is an IRA account. Even now you don't realize how much I cashed out to build this house.

I don't want to spend any more more money on lawyers.

I will be home Monday morning.

<image0.png>

Sent from my iPod

Madison Sample Jr MD

On Aug 5, 2023, at 1:07 AM, Jack Johnson <a href="mailto:jackshousinganddevelopment@gmail.com">jackshousinganddevelopment@gmail.com</a>

Thanks for sending Madison. How much is in the IRA and IT trust?

On Fn, Aug 4, 2023 at 9:28AM Madison Sample Jr <msamplejr@yahoo.com> wrote:

Let's get this done.

Sent from my iPod

Madison Sample Jr MD

ne to signi

Force, the agreement below , &

**Divorce Negotiation Agreed issues** 

manipulation

- 1. Sale of 7439's Prairie. Happening now. Jackie will take all the money from this sale. However, Jackie will pay me all monies I gave her to have property readied for sale within 48 hours of property close.
- 2. I will keep the house at 9476 Falling water drive east. I solely earned the \$1.2 million dollars in addition to the \$1.5 million dollar loan to finish the house.
- 3. Jeep title is in Madison's name. Needs to be changed to Jackie's name. I will assist in this with Jackie.
- 4. Jackie's name will be removed from iPass Illinois after this change.
- 5. Jackie will rescind ALL rights to property at 9476 Falling Water drive East Burr Ridge iL. This will be done freely and without coercion. This includes removing her name from home title or quit claim deed to my name only. A separate dated and notarized document to this effect will occur. Madison will pay attorney fees if needed.
- 6. I will then provide proof of funds for \$200,000. These funds will be paid out to Jackie within 18 months of date of this signature.
- 7. If money is needed from me for Jackie to move out, those funds will be subtracted from the TOTAL payment of \$200,000.
- 8. Madison and Jackie will file Federal and State of Illinois taxes as joint for the years 2022 and 2023. Any refund will be split 50/50 between both parties. Madison will show PROOF of refund to Jackie's satisfaction. Jackie will make every good faith effort to get tax documents to Madison or the accountant so we meet the filing deadline. If there are taxes due, Madison will pay those solely himself.
- 9. Jackie will keep solely her businesses including—salon119spa, LeKula, the land next to LeKula, the apartments for rent on 119th street.
- 10. Madison has no claim to Jackies businesses, building, rents, booth rents, LeKula present and future profits. Madison also has no claim to Jackies fur coats, 5 computers and phones, Jeep, wedding rings, clothing, investments of all types, multiple jewelry of all types.
- 11. Jackie has no claim to my salary including alimony, bmw, 9476 falling water drive east home, rolex watch, business interests, wedding ring, music equipment, investments of all types.
- 12. Madison and Jackie will remove our names from the others business accounts as a signator.

  This includes Jackie removing her name from joint BofA account and Chase credit card account.
- 13. Jackie will receive all funds from Chase savings account.
- 14. Cash money in safe will be divided 50/50 between both parties. All other items in the safe are the property of Madison alone.
- 15. There is a lot of alcohol. All is the property of Jackie except 10 bottles Madison will possess of his own choosing.
- 16. Madison will keep one piece of exercise equipment.
- 17. Madison will keep all his personal items accrued over the years before knowing Jackie. For example, all awards, certificates, recognition trophies, diplomas, and certifications.
- 18. Jackie will keep all her personal items accrued over the years before knowing Madison. For example, all her children many awards and photos, business awards and photos, videos, etc..
- 19. Jackie can possess the new extra to with remote at her own discretion.

I Never AGREED TO This

- 20. Jackie will assist in good faith, to resolve the open claim with Prime Time Painting. Madison will in good faith do the same. All Prime Time painting attorneys' fees will be the sole bill of Madison.
- 21. Jackie is continuing her round of pain injections. She will continue these for next 2 surgical procedures. At Madison's sole expense. This will not decrease total \$200K payout to Jackie.

#### Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 260 of 392 PageID #:323



Jack Johnson < jackshousinganddevelopment@gmail.com>

Re:

Madison Sample Jr <msamplejr@gmail.com>
To: Jack Johnson <jackshousinganddevelopment@gmail.com>

Sat, Jun 10, 2023 at 6:52 PM

Jack

It is simple. You talk to my lawyer for a SIGNED mediation agreement. Then you will have the money you need.

Using excess testosterone in taking my car, not consulting me etc.., will not work. Mediation as I suggested December 2022 would have been much better for both of us. This is just giving money to lawyers and wasting money.

The ball is still in your court; not mine.

It is not only about what you get. That is a one sided contract. You don't understand that.

Please forward me countertop contact person info. Again, if I were you, I would do EVERYTHING I could to sale this house. That will be a big chunk of money for you and I. Maybe you don't need the help, but I do.

Sent from my iPod

Madison Sample Jr MD

On Jun 10, 2023, at 4:35 PM, Jack Johnson < jackshousinganddevelopment@gmail.com> wrote:

The actions you have taken are jeopardizing the contract on 7439 South Prairie Street, which will cause additional financial devastation if I lose this buyer. It is best for US as a whole to not let this happen.

I recently discovered that our joint Bank of America checking account was closed last Thursday for the second time. It appears that you have taken complete control and are making unilateral decisions based on what you believe is best. I also noticed that you are intentionally hindering my efforts to finalize the sale of the building at 7439 S Prairie Street by denying me access to any marital funds necessary for the purpose of closing on this building, which is crucial for me to achieve financial independence. Your actions have consistently obstructed my progress, and I am concerned your actions may put the existing contract with a qualified buyer at risk, potentially leading to its cancellation on the contract currently in place.

I kindly request that you use this email as an opportunity to reconsider your decisions. I sincerely hope that you will reverse the course of action you have taken, such as decreasing our Chase credit limit, depleting our joint Bank of America account without replenishing it, and ultimately closing it again. Additionally, the dissipation of our accounts and investments, as well as transferring funds from old accounts to newly opened ones with the intention of concealing finances and investments, must come to an end. It is crucial that we put a stop to these actions before the situation worsens.

Madison, in all fairness, it was you who pursued me on three separate occasions and on the third time persistently pleaded for my hand in marriage. Based on the promises you made, I accepted your proposal. I did not ask to be in this situation where I no longer have the financial independence I once had but gave it up per your requests. Since 2013, my life's decisions have been redirected, altered, or coerced, starting with the extravagant wedding that I did not desire but went through to please you. I wanted to invest in another piece of property instead of spending \$50,000 or so on a wedding. Giving up my Claremont house, taking a leave of absence from my career, and accepting a burdensome SBA loan of \$11,000 were choices I made, acknowledging your leadership in our household. I did not willingly put myself in a position of dependence; it is the consequence of your leadership and the promises you made. You cannot discard me as if I were worthless with no means to take care of myself, simply because you choose to do so.

It is crucial for me to close the transaction on Prairie Street so that I can access the necessary funds during this divorce process. I must emphasize that no legal system or christian church affiliation would approve of what you have done and what you are currently doing. I implore you to immediately cease these actions and make things fair as it relates to our finances starting now.

Sincerely,

Jackie



Jack Johnson < jackshousinganddevelopment@gmail.corn>

#### Re: Visiting Tayler

Thu, Jun 8, 2023 at 3:45 F<sub>M</sub>

Madison Sample Jr <msamplejr@gmail.com> To: Jack Johnson < jackshousinganddevelopment@gmail.com>

Jack

I appreciate the desires and wants you have. You express them liberally and sometimes you just take what you want. Every day this divorce is prolonged, hurts me in multiple ways. I will not be giving you additional monies. The quick way to get some money you request is to come to the table; and finish the divorce process asap. It's time to live in the real world.

Sent from my iPod

Madison Sample Jr MD

On Jun 8, 2023, at 7:59 AM, Jack Johnson <jackshousinganddevelopment@gmail.com> wrote:

I would appreciate the opportunity to visit San Antonio and check on Tayler. As you are aware, this was our plan before the divorce filing and the subsequent blocking of my access to our funds. We had discussed the possibility of going to San Antonio together during your vacation week in March or April. Although we were unable to make the trip, I still have a strong desire to spend time with my daughter. However, due to my current financial limitations, I am unable to do so at this time. I have always supported your relationship with your children and extended family members, and I kindly request that you refrain from using my lack of resources as a bargaining tactic to prevent me from seeing my daughter. I hope you can understand and support me during this challenging period. Can we make this visit happen? Jack



Jack Johnson <jackshousinganddevelopment@gmail.com>

#### **Last Offer**

Madison Sample Jr <msamplejr@gmail.com>

Fri, Jun 2, 2023 at 1:07 PM

To: Jack Sample <jackshousinganddevelopment@gmail.com>
Cc: "Madison (share) Sample, Jr" <msampleir@gmail.com>

Jackie. You find yourself in a precarious situation. This is what I am willing to do. I am NOT willing to just give you money.

- Our attorneys ratify the below agreement.
- 2. AFTER that is done, then monies can be dispersed
- 3. Save the \$12-15,000 for mediation.
- 4. All proceeds for 7439 sale go to you. Well over \$140K.
- 5. \$10K from me to you so you can close.
- 6. You move out within 30 days of your closing at 7439.
- 7. \$40K to you within 30 days after you move out.
- 8. Another \$50K 12 month after you move out.
- 9. \$3,000 per month to you, starting 60 days after you move out for 36 months. Then spousal support ends.
- 10. You sign over any and all rights to me to house at 9476 Falling water drive east Burr Ridge IL.
- 11. You remove your name from all my BofA accounts including #1808 and business accounts.
- 12. You remove your name from my Chase account.
- 13. I remove my name from your BofA accounts.
- 14. You return all items you stole from me within 24 hours.
- 15. I will pay for Jeep auto repair coming up soon.
- 16. You accompany me to transfer Jeep into your name.
- 17. Your movers be careful upon moving your items out

Simple, Straight forward. Clean. This gives you the money to close and more. Gives me the peace to move on.

If you refuse. Good luck to you. Your attorney is not going to force me to do anything. I already changed beneficiary for my life insurance if anything were to happen to me. You have forgotten how much I have done for you. Money does not appear like magic. I studied long and hard and dedicated myself to a profession. You will have your wish to make your own decisions.

Don't come to me asking for ANYTHING and yet trying to treat me like a child! Taking my car. Taking my watch. Trying to take my dignity. You already withdrew your respect long ago. I have to be careful not to get a spanking. I already get lots of words of Affirmation that I am evil. I will be done with this soon. This is my best offer.

Madison

Sent from my iPod

Madison Sample Jr MD



Jack Johnson <jackshousinganddevelopment@gmail.com>

#### Re:

Madison Sample Jr <msamplejr@gmail.com>

To: Jack Johnson < jackshousinganddevelopment@gmail.com>

Wed, Apr 12, 2023 at 12:08 PM

Hello Jackie

I talk to everyone much less that I was before. My fuse is too short.

I was looking at rents in Bolingbrook. Could find something \$1500 or less.

You should consider taking my offer sooner than later. I also believe you should Not lose the Salon.

It is ashamed it has come to this. I pleaded for years for a change. Now we have this change instead. I view this less of a spiritual issue and more of a battle between us. As I said when we were dating, I never wanted a battle with a wife.

Sent from my iPod

Madison Sample Jr MD

- > On Apr 12, 2023, at 5:18 AM, Jack Johnson < jackshousinganddevelopment@gmail.com> wrote:
- > Good morning Madison
- > Is there someone in your ear speaking or advising you about what's happening with us? Be cautious of them. They want to see you self destruct. May God protect you and shield you from anyone that want to see you fell. Amen!



My car was having problems for martus.

I switched cars

Money to fix mine.

because I had no

my Tires blew or out a month or

50 Wer





Madison Sample

This is satanic and Evil. You have surprised me beyond. I am very glad this marriage is over.

You operate like you direct everything! You should be happy!

I see why my life and joy was taken from me-- I had a parasite on me. I can barely wait for freedom

One of the tires can blow out at anytime. Hope you stay safe. I will get it fixed when we have money.

> Canyou dropped the jeep official the silving of the silving Heniel® licioniti have a crediti card otherwise i would have taken bas ecivies ici ali que elle odiien a rental myseli. Thank you Madison











Florin will be there tomorrow 8:30am.



Threat

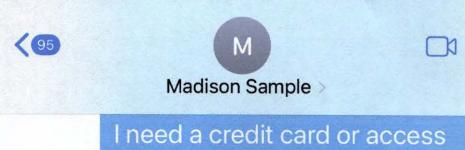
I strongly urge you to consider my offer. The clock is ticking for both of us.

Lets you and I pray for each other throughout this time:

I'm almost dressed.
I told the front gate to tell.
florin i needed 15 mins or so

Lonly need 5 mins now

Sorry! Stressful case. I opened garage. Sorry about that!!!!!



I need a credit card or access to our funds to have them done. Thanks

Wed, Aug 16 at 6:30 AM

#### Hi Jack

Please don't text, email or talk to me about any items until you have signed both the cancellation agreement and new realtor agreement. You have wasted market time since the beginning of March 2023.

We have no thing to discuss until AFTER that is done.

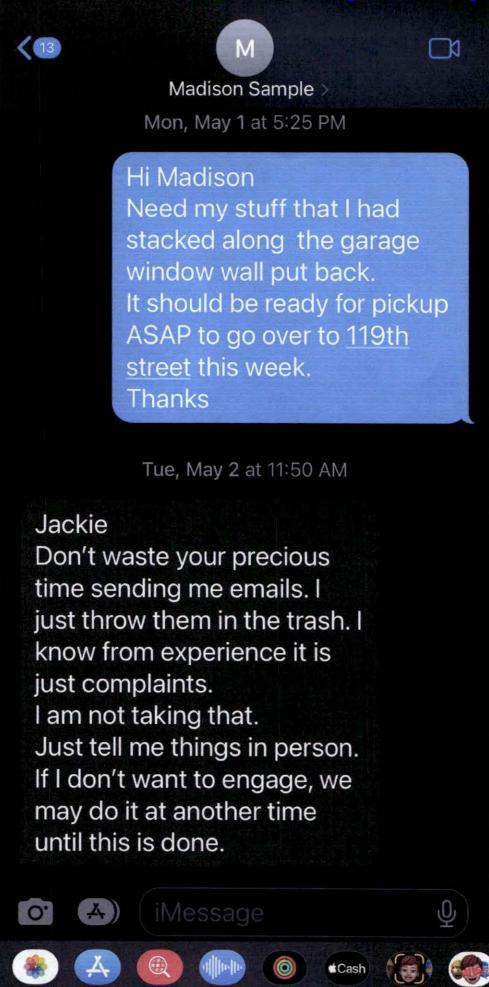
Wed, Aug 16 at 2:46 PM

Please just sign realtor cancellation agreement of Susan and Linda. We will move on.

+

iMessage







Jack Johnson < jackshousinganddevelopment@gmail.com>

#### Today's Showing is 12-12:30

Jack Johnson <jackshousinganddevelopment@gmail.com>
To: Madison Sample <msamplejr@gmail.com>

Tue, May 2, 2023 at 10:06 AM

Good morning Madison

The showing is between 12:00-12:30 pm today. I also want to communicate issues respectfully.

Last Friday, the smoke from the strong-smelling cigar caused asthma exacerbation. In the future, please avoid smoking where I can likely smell it. Smoking underneath my bedroom window will cause further health issues with my asthma and bronchitis.

Yesterday you cleaned our garage, but you threw out stuff that belonged to me. Why would you set my property out in the rain? I will have somebody take my construction material to my job site on 119th Street. Some of the construction items you placed outside the garage and left in the rain may no longer be salvageable. The things piled in the middle of the garage that you plan on throwing out today also include some of my construction materials. I will have someone take my work materials to 119th Street. Please place my belongings inside the garage along the window wall where I left them.

In addition, I pray we both consider noise levels during sleeping hours. Madison, you practice medicine and have an essential job that requires proper rest. The elevator is loud and will wake anyone sleeping at 2:30 am. I use the stairs instead of the elevator during our sleeping hours. Doors slamming after falling asleep causes palpitations and further health issues with my heart. Last night, it took a while for me to fall asleep again. Sleep deficiency caused by a loud noise during sleeping hours is unsuitable for us.

It's best if neither of us further escalates our home situation. I pray we can agree on the matters mentioned above. Jack









#### Jack Johnson < jackshousinganddevelopment@gmail.com>

#### Re:

Madison Sample Jr <msamplejr@gmail.com>
To: Jack Johnson <jackshousinganddevelopment@gmail.com>

Mon, May 29, 2023 at 5:41 PM

What are you afraid of, meeting mediator? Help me to understand.

Sent from my iPod

Madison Sample Jr MD

On May 29, 2023, at 4:50 PM, Jack Johnson <jackshousinganddevelopment@gmail.com> wrote:

Hello Madison

I do not understand. I do not accept. I do not consent.

On Mon, May 29, 2023 at 7:04AM Madison Sample Jr <msamplejr@gmail.com> wrote: Jackie

I see you have put thought in your response and wishlist. In summary, your responses show you agree with items beneficial to you, you do not agree with items not beneficial to you and you have added further items to your benefit.

This itself proves that my initial offer contained suggestions which were NOT beneficial to me, but I offered them anyway. Your response is completely one sided.

It was easily predictable that our current worsening financial situation would come if we moved on emotion only. Mediation was and is the only way to go. Intellectually, any other path leads to MAD- mutual assured destruction. Here we don't even get money from the house we both spent so much time and money on. Please I beg you. Let's not be like the Smiths.

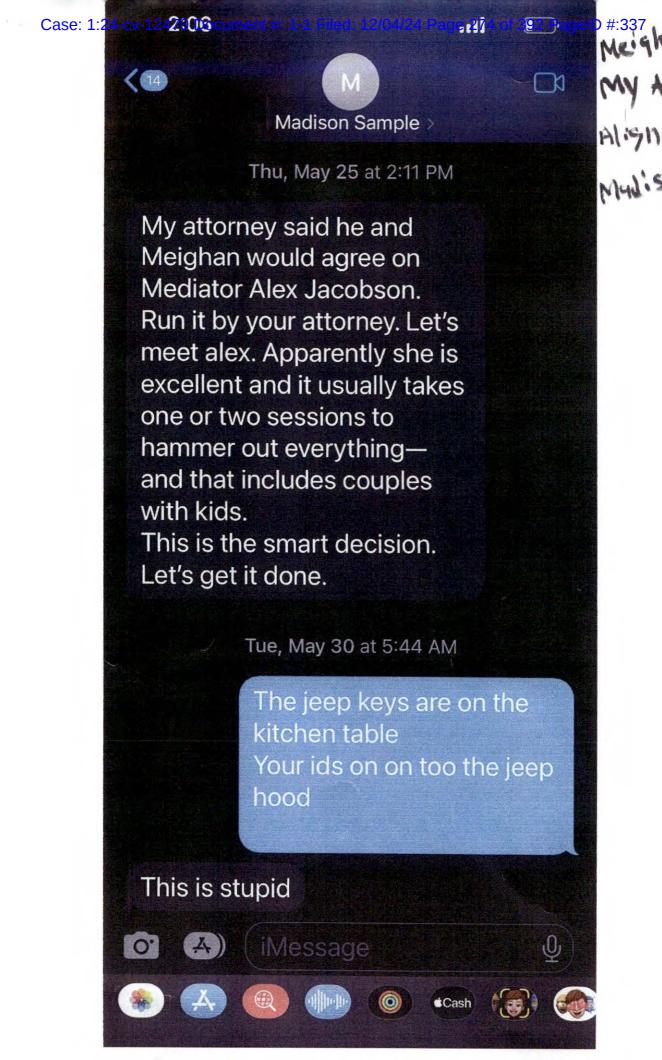
Further, we have over 200 bottles of alcohol, yet you still want to exert your authority over your Madison child for just 10 bottles I want? Really? I am not shocked though. You want credit for so much in our marriage. We made choices as couples do. I paid every mortgage, rent, food, utilities, health care bills, vacations, and much more! But I am not asking for credit for this. This is a part of normal marriage.

I sent a request for Mediator Alex. Hopefully we can meet her this week and get this done

Thanks for no confrontations or arguments yesterday!

Sent from my iPod

Madison Sample Jr MD





#### Jack Johnson <jackshousinganddevelopment@gmail.com>

#### Life insurance

Tracey A. Wertman < TWertman@sdflaw.com>

Thu, May 25, 2023 at 3:54 PM

To: Jack Johnson < jackshousinganddevelopment@gmail.com>

Cc: "Meighan A. Harmon" < MHarmon1@sdflaw.com>

Hi Jackie - I spoke to John who will instruct Madison to pay your life insurance premiums.

As we discussed yesterday, mediation is an option. Apparently, you must have talked to Madison about it. He is in agreement to mediate both short term issues as well as a resolution to this matter in its entirety. Let's discuss next week.

Any questions, please let me know.

Best, Tracey

Get Outlook for iOS

Tracey A. Wertman | Partner

#### SCHILLER DUCANTO & FLECKLIP

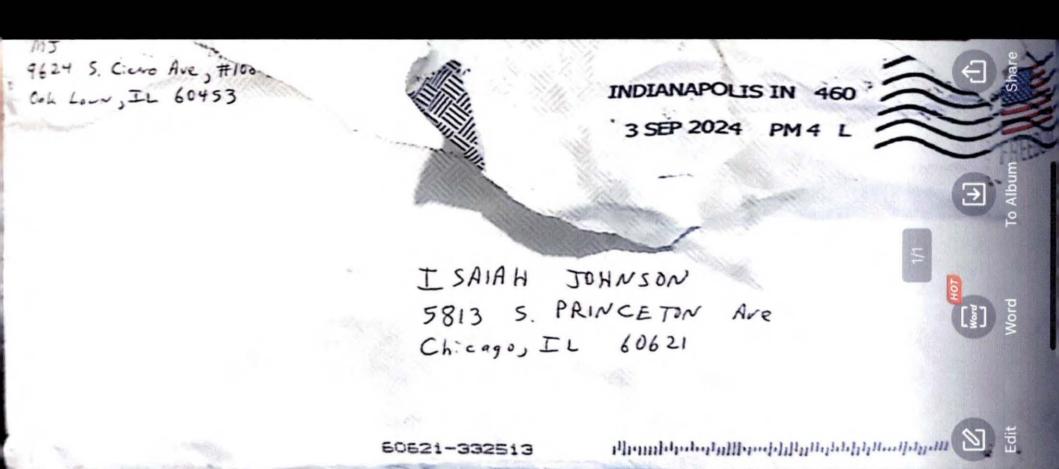
321 N. Clark St., Suite 1200 | Chicago, IL 60654 twertman@sdflaw.com | www.sdflaw.com Direct (312) 609-5504 | Fax (312) 641-6361

Service by Facsimile Transmission and Email Will Be Accepted at chicagoservice@sdflaw.com , Unless Opted Out

This email contains PRIVILEGED AND CONFIDENTIAL INFORMATION intended only for the use of the addressee above. If you are not the intended recipient of this email, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this email is strictly prohibited. If you have received this email in error, please immediately notify us by telephone and delete this message.









Jack Johnson < jackshousinganddevelopment@gmail.com>

#### Fwd: Settlement Outline.

Jack Johnson <jackshousinganddevelopment@gmail.com>
To: Jackie Johnson-Sample <salon119spa@yahoo.com>

Thu, Nov 14, 2024 at 4:34 PM

----- Forwarded message ------

From: Madison Sample Jr <msamplejr@yahoo.com>

Date: Fri, Aug 4, 2023 at 9:28AM Subject: Settlement Outline.

To: Jack Sample < jackshousinganddevelopment@gmail.com>

Jackie dear Let's get this done.

Sent from my iPod

Madison Sample Jr MD

Sample Settlement Outline Draft 080323.pdf

#### PRIVILEGED AND CONFIDENTIAL FOR SETTLEMENT DISCUSSION PURPOSES ONLY

IN RE THE MARRIAGE OF SAMPLE OUTLINE SETTLEMENT PROPOSAL DRAFT JULY 31, 2023

#### I. Maintenance

- 1. MADISON waives his right to receive maintenance or alimony from JACKIE.
- 2. MADISON shall pay statutory maintenance to JACKIE in the amount of FOUR THOUSAND FOUR HUNDRED THIRTEEN DOLLARS AND 58/100 for a period of FORTY-THREE (43) months.

#### II. Real Estate

1. 9476 Falling Water Dr. East, Burr Ridge, Illinois 60527. The marital home shall be listed for sale with an agreed upon realtor. Both parties shall fully cooperate to effectuate the sale of the marital residence. Upon sale of the marital home, the parties shall pay all marital debt in full and the proceeds shall be split 50/50

#### III. Property Division

1. Personal Property - Each party shall keep their own property.

#### 2. Automobiles

- a. Both parties shall keep the automobiles in their possession.
- b. MADISON shall transfer to title to the Jeep in JACKIE's possession.

#### 3. Bank Accounts and Stock Dividends

- a. Both parties shall keep any accounts in their sole name.
- b. Parties shall split all joint bank accounts equally (50/50) and all joint accounts shall be closed.

#### 4. Retirement Accounts

a. The parties shall equally (50/50) split the ITrust IRA Retirement Account.

#### IV. Debts

1. The parties shall pay all remaining debts using the proceeds from the marital home.

#### V. Health Insurance

1. Each party shall each be responsible for maintaining and paying the premiums on his or her own health insurance.

## PRIVILEGED AND CONFIDENTIAL FOR SETTLEMENT DISCUSSION PURPOSES ONLY

#### VI. Attorneys' and Expert Fees

1. Each party shall be responsible for their own attorney's fees and costs.

## IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT DUPAGE COUNTY, ILLINOIS

IN RE THE MARRIAGE OF:		)	
MADISON SAMPLE, JR.,	)		
		)	
Petitioner,		)	
		)	Case No: 2023 DN 129
		)	
and		)	
		)	
JACKIE SAMPLE,		)	
		)	
Responden	t. )	•	

#### AGREED ORDER SUBMITTED VIA ELECTRONIC MEANS

THIS MATTER coming before the Court by agreement of the parties, with Petitioner, MADISON SAMPLE, JR., ("Madison"), appearing through the Law Offices of John A. Conniff and Beermann LLP, and Respondent, JACKIE SAMPLE ("Jackie"), appearing through the Akiwowo Law Group, P.C.; the Court being fully advised in the premises:

#### IT IS HEREBY ORDERED THAT:

- 1. Within 14 days of entry of this Order, Jackie shall vacate the parties' marital residence located at 9476 Falling Water Dr. East, Burr Ridge, Illinois 60527 ("marital residence") and Madison shall have exclusive possession thereof. Upon her vacating of the marital residence, Jackie shall surrender all keys and garage door openers to Madison. Madison shall be solely responsible for all expenses associated with the marital residence, including but not limited to monthly mortgage payments, real estate taxes, HOA dues, utilities, etc., without contribution by Jackie until such time as it is sold
- 2. Madison shall be granted sole authority to engage a broker to list the marital residence for sale and shall be authorized on behalf of both parties to execute any required documentation to relative to the listing and sales process, including the acceptance of any bona fide offer to purchase. Neither party shall intentionally or unintentionally interfere with the sales process. The issue of the allocation of the proceeds of sale is hereby reserved.

- 3. Within seven days of entry of this Order, Jackie shall provide a full accounting of those funds withdrawn from the now-closed Bank of America account, totaling approximately \$81,000.00.
- 4. Commencing on the first of October, Madison shall pay the sum of \$4,413.00 per month to Jackie as and for temporary maintenance pursuant to statutory guidelines. Any maintenance payments paid by Madison to Jackie shall be considered a corresponding credit to the total duration of maintenance, if so ordered, pursuant to 750 ILCS 5/504(b-1)(1.5).
- 5. Within 7 days of the entry of this Agreed Order, Madison shall tender directly to the Akiwowo Law Group, P.C. the sum of \$5,000 as and for temporary attorney's fees and costs.
- 6. Each party is enjoined and restrained from contacting the other party's friends, family members, business colleagues, vendors, clients. Further, each party is enjoined and restrained from making or defamatory or disparaging comments about the other party to or in the presence of third parties in verbally or in writing.

<del></del>	
MADISON SAMPLE, JR, Petitioner	JACKIE SAMPLE Respondent
	ENTERED:
	 JUDGE

Kathryn H. Mickelson BEERMANN LLP Attorneys for Petitioner 161 North Clark Street, Suite 3000 Chicago, Illinois 60601 Tel: (312) 621-9700 Fax: (312) 621-0909

Firm No. 4620

khmickelson@beermannlaw.com

# **EXHITBIT: 10**

HIDING INVESTMENTS, BUSINESS INCOME, BUSINESS INTEREST AND MORE

#### BANK OF AMERICA

Your checking account

SAMPLE ANESTHESIA LIMITED | Account # 2

August 1, 2023 to August 31, 2023

Deposits and other credits

Date	Description			Amount
08/01/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	4,849.78
08/02/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	8,010.37
08/08/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	16,145.73
08/15/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	17,342.63
08/22/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	14,518.20
08/29/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	15,020.73
08/29/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	786.77
Total dep	osits and other credits		Income ->	\$76,674.21

Withdrawals and other debits

Date	Description	Amount
08/01/23	MI TLR transfer to CHK 4144 Banking Ctr MERIDIAN #0000308 MI Confirmation# 0390976257	-12,000.00
08/02/23	IL DEPT OF REVEN DES:EDI PYMNTS ID:00001434044880 INDN:BERNSTEIN REIKES CORP CO ID:5555566257 CCD PMT INFO:TXP*47338840301*20099*20230630*T*60588\	-605.88
08/03/23	IL DEPT EMPL SEC DES:UNEMPL TAX ID:XXXXXXXXX INDN:BERNSTEIN & REIKES COR CO ID:1363042127 CCD PMT INFO:TXP*4767737**230630**0000000000**0000052 489**XXXXXXXXX	-524.89
08/07/23	Online Banking payment to CRD 4696 Confirmation# 1344418647	-6,400.00
08/09/23	Online Banking payment to CRD 4696 Confirmation# 2662999583	-1,418.69
08/14/23	IRS DES:USATAXPYMT ID:220362611288429 INDN:BERNSTEIN AND REIKES C CO ID:3387702000 CCD	-3,889.00
08/15/23	IL DEPT OF REVEN DES:EDI PYMNTS ID:00001527917008 INDN:BERNSTEIN REIKES CORP CO ID:5555566257 CCD PMT INFO:TXP*473388403000*0112*20230930*T*59400\	-594.00
08/18/23	Online Banking payment to CRD 4696 Confirmation# 0436340740	-2,300.00
08/21/23	Customer Withdrawal Image	-15,000.00
08/23/23	Online Banking payment to CRD 4696 Confirmation# 2683105633	-875.76

continued on the next page

**BUSINESS ADVANTAGE** 

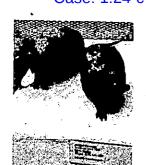
### Go paperless. Greater convenience. Less clutter.

Store and review your statements online. You can access up to seven years of account statements online or from our mobile app -24/7 from almost anywhere.

Simply use our Mobile Banking app or sign in online to Business Advantage 360 and click on Profiles & Settings.

SSM-01-23-2637.6 | 5421106

Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply. Not all account documents are available in paperless format.



Madison's Weekly Income of

Bernstein & Reikes

Fig. 2000 and Higher. Further Information was submitted

to SDF Law And is Also on our Home Com Riter

Which Madison removed From the house

My Attorney

Afformers have refusal to get it buck

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### Redektein & )

Dr Sample hours

BILL TO Guardian Anesthesia. Rush Copley Hospital Raj Iyer MD

+1 (630) 544-9348 riyer1@icloud.com Invoice Number: 001

Invoice Date: January 27, 2023
Payment Due: January 27, 2023

Amount Due (USD): \$12,000.00

Items	Hours	\$375/Hour	\$15,000
1-23 0700-1500	8	\$375.00	\$3,000.00
1-24 0700-1500	8	\$375.00	\$3,000.00
1-25 0700-1500	8	\$375.00	\$3,000.00
1-26 0700-1500	8	\$3 <u>75</u> .00.	\$3,000.00
1-27 0700-1500	.8	\$375.00	\$3,000,00
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Subtotal:

\$15,000.00

-इन्ह विजया discount.:

(90.000.00)

Total:

\$12,000.00

Amount Due (USD):

\$12,000.00

Notes / Terms

\$375/hour

EIN #47-3388403

Madison Sample Jr MD

Madison's Writing > PAID

Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 286 of 392 PageID #:349

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	<b>ACCOO</b>	
` <b>⊗</b> `	CCOU HEALTHCAR	E STAFFING

Week Ending 2 / 5 /20 23

Classification

Instructions to HCP

1. Complete all sections of Time Stip.

2. Have client sign; retain a copy for your records.

3. Fax or e-mail a copy at the end of every week to (586) 262-4464/ JoyceRunner@AHCStaff.com.

CLIENT/Muser J Herrital Current int

AREA/ FLOOR WORKING ANESTHE VOLCE ;

DATE:	UNIT WORKED	TIME IN	MEAL BREAK	TIME OUT	TOTAL REG TIME	TOTAL OVER TIME	MILES		
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2-2		0700	<b>&amp;</b>	1700	10 h-			HOURS	MINUTES
2-3		0700		1600	9 h~				<del></del>
<u> </u>							266	OVERTIME APPRI	NO I
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	1-30-23 1-31 2-1 2-2 2-3 2-3	1-30-23   WORKED   1-30-23   2-1   2-2   2-3   2	1-30-23 0645 1-31 0630 2-1 0700 2-2 0700 2-3 0700 2-3 0700 2-3 0700 2-3 0700 2-3 0700	1-30-23   WORKED   TIME IN   BREAK     1-30-23   0645   5     1-31   0630   8     2-1   0700   6     2-2   0700   6     2-3   0700   6     2-3   -> Chicago	1-30-23   WORKED   TIME IN   BREAK   TIME OUT     1-30-23   0645   1715     1-31   0630   1400     2-1   0700   1700     2-2   0700   1700     2-3   0700   1600     2-3   -> Chick 90	WORKED   TIME IN   BREAK   TIME OUT   REG TIME     1-30-23	VORKED   TIME IN   BREAK   TIME OUT   REG TIME   OVER TIME     1-30-23	1-30-23   0645   1715   10hr30 rw   266   1731   0630   1400   7hr30 rw   266   2-2   0700   1700   10hr   2-2   0700   1500   1600   9hr   266   2-3   -> Chicago   266	1-30-23

HCP Signature: I hereby certify that the stated hours are correct and were properly verified by Client. I certify that I was not injured during the performance of my duties on these shifts. Not complying with AHS policies and procedures or falsifying hours may have serious legal consequences.

Client Approval: Client certifies that the hours worked shown on this time sheet are correct and the work was performed satisfactorily.

Madim Janole MD Z-5-2023
HCP SIGNATURE DATE

CLIENT NAME

CLIENT SIGNATURE

DATE

**"** 

HCP SIGNAT

CCCOUNTABLE STAFFING	24-cv-1 <b>2470 Document:</b> 1-1	Filed:	12/04/24	Page 287	of of
& CCOOLLIANIE	Instructions to HCP		YOUR NAME	<u> </u>	
WALTHCARE STAFFING	Complete all sections of Time Slip.	$\sim$	-A		

Week Ending 2/11/2023

Classification

2. Have client sign; retain a copy for your records.

3. Fax or e-mail a copy at the end of every week to (586) 262-4464/ JoyceRunner@AHCStoff.com.

CLIENT Menoral Harail 15 h asso 10

AREA/ FLOOR WORKING A ... A. ...

DAY M.T.W.T.F.S.S	DATE	UNIT WORKED	TIME IN	MEAL BREAK	TIME OUT	TOTAL REG TIME	TOTAL OVER TIME	MILES	TOTAL REG	RSWORKEDS: BULAR TIME
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		-							TOTAL MILEAG	SE: 798

HCP Signature: I hereby certify that the stated hours are correct and were properly verified by Client. I certify that I was not injured during the performance of my duties on these shifts. Not complying with AHS policies and procedures or falsifying hours may have serious legal consequences.

112 Land Anni 2 11-2021

HOP SIGNATURE DATE

Client Approval: Client certifles that the hours worked shown on this time sheet are correct and the work was performed satisfactorily:

CLIENT NAME CLIENT SIGNATURE DATE

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	CCOUR	TCISE C24-CV-12470 DOCUMENTO STAFFING L Complete all sections of Time St	# 1-1 Filed:	12/04/24	2age 288	of 392 F
S. B. C.	THE WALL	L. Complete all sections of Time Sli	p. 📞	,		1.4

Week Ending 2 / 18 / 2023

2. Have client sign: retain a copy for your records.

3. Fax or e-mail a copy at the end of every week to (586) 262-4464/ JoyceRunner@AHCStaff.com.

CLIENT Memorial Hospital

AREA / FLOOR WORKING Arestes 10/259

REPROTAL HOURS WORKED DAY UNIT MEAL TOTAL TOTAL DATE TIME IN TIME OUT M.T.W.T.E.S.S MILES WORKED BREAK REG TIME OVER TIME TOTAL REGULAR TIME 500 2-12-23 266 Owall MI HOURS MINUTES Mary 0700 1700 2-13-23 10 hr 40 2-14 0630 1630 10 hr TOTAL OVERTIME 0630 1630 2 -15 سرلم ما HOURS MINUTES Thu 0645 1645 2-16 104-2-17 OVERTIME APPROVED BY CLIENT Fri 266 CHAO - CKOND YES J NO J TOTAL MILEAGE: 532 COMMENTS Daily milege \$25 × 4 = \$100

HCP Signature: I hereby certify that the stated hours are correct and were properly verified by Client. I certify that I was not injured during the performance of my duties on these shifts. Not complying with AHS policies and procedures or falsifying hours may have serious legal consequences.

Classification

Client Approval: Client certifies that the hours worked shown on this time sheet are correct and the work was performed satisfactorily.

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HCP Signature: I hereby certify that the stated hours are correct and were properly verified by Client, I certify that I was not injured during the performance of my duties on these shifts. Not complying with AHS policies and procedures or falsifying hours may have serious legal consequences.

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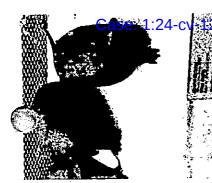
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CLIENT NAME CLIENT SIGNATURE DATE

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DAY I.T.W.T.F.S.S	DATE	UNIT WORKED	TIMEIN	MEAL BREAK	TIME OUT	TOTAL REG TIME	TOTAL OVER TIME	MILES	TOTAL REG	
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# Bernstein & Reikes Invoice

Dr Sample hours

BHLTO

Guardian Anesthesia. Rush Copley

Hospital Raj Iyer MD

+1 (630) 544-9348 riyer1@icloud.com Invoice Number: 003

Invoice Date: March 24, 2023

Payment Due: March 24, 2023

Amount Due (USD): \$12,000.00

Items	Hours	\$300/Hour	Total
3-20-23 9700-1500	8	\$300.00	\$2,400.00
3-21-23 0700-1500	8	\$300.00	\$ <u>2,</u> 400.00
3-22-23 0700-1500	8	\$300.00	<b>\$2,</b> 400.00
3-23-23 0700-1500	·8	\$300.00	\$2,400,00
<b>3-24-23</b> 0700-1500	<b>8</b> :	\$300.00	\$2,400.00
			A

Total:

\$12,000.00

Amount Due (USD):

\$12,000.00

I week.

Notes / Terms \$300/hour, EIN #47-3388403

Page 1 of 2 for Bernstein & Reikes Invoice #603



Dr Sample hours

Guardian Anesthesia. Rush Copley Hospital Raj Iyer MD

+1 (630) 544-9348 riyer1@icloud.com

Invoice Number: 004

Invoice Date: April 15, 2023

Payment Due: April 15, 2023

Amount Due (USD): \$12,000.00

BECKEN OF THE PROPERTY OF THE

Items	Hours	\$300/Hour	Total
<b>4-10-23</b> 0700-1500	8	\$300.00	\$2,400.00
<b>4-11-23</b> 20700-1500	8	\$300.00	\$2,400.00
<b>4-12-23</b> 0700-1500	8	\$300.00	<b>\$2,400.00</b>
<b>4-13-23</b> 0700-1500	8	\$300.00.	\$2,400. <b>00</b>
4-14-23	8	\$300.00	<b>\$2</b> ,400.00
		1954 M. C. C. C. C. C. C. C. C. C. C. C. C. C.	<del>d randinas progapi ana ka anda sana mas apaga amipun</del> a

Total:

\$12,000.00

Amount Due (USD):

\$12,000.00

Notes / Terms

\$375/hour

EIN #47-3388403

Madison Sample Jr MD

I week -

Week 1/23-1/27/2023

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**Rush Copiey Medical Center** 1:24-cv-12470 Document #: 1-1 Fited: 12/04/24 Page 293 of 392 PageID #:356

**ORUSH** 

ISSUE DATE	DEPOSIT NUMBER	AMOUNT
05/03/2023	13039	\$ ****12,000.00



PAY BERNSTEIN AND REIKES CORP TO THE 9476 FALLING WATER DR EAST OF BURR RIDGE IL 60527

## NON-NEGOTIABLE

**ORUSH** 

Rush Copley Medical Center

		Amount	Discount	Net Amount
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EPOSIT :	5/3/2023 DEPOSIT 13039	TOTALS: \$12,000.00	\$0.00	\$12,000.00

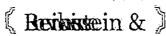
'Page 1 of 1

DIRECT DEPOSIT SUMMARY



Bernstein & Reikes United States

PAID



Dr Sample hours

BILL TO Guardian Anesthesia. Rush Copley Hospital

Raj Iyer MD

4-19-23

0700-1500

+1 (630) 544-9348 river1@icloud.com Invoice Number: 006

Invoice Date: April 21, 2023
Payment Due: April 21, 2023
Amount Due (USD): \$12,000.00

4-2**ó-**2**ó**23 8 \$300.00 \$2,400.00 0700-1500

8

**4-21-2023** 8 \$300.00 0700-1500

Total:

\$300.00

\$12,000.00

\$2,400.00

\$2,400.00

Amount Due (USD):

\$12,000.00

1 W

Notes / Terms \$375/hour

EIN #47-3388403

Madison Sample Jr MD



Bernstein & Reikes United States

(Reikstein & ]

Dr Sample hours

BILL TO

Guardian Anesthesia. Rush Copley Hospital

Raj Iyer MD

+1 (630) 544-9348 riyer1@icloud.com Invoice Number: 007

Invoice Date: April 30, 2023
Payment Due: April 30, 2023

Amount Due (USD): \$12,000.00

Items	Hours	\$300/Hour	Total
<b>4-24-23</b> 0700-1500	8	\$300.00	\$2,400.00
4-25-23 0700-1500	8	\$300.00	\$2,400.00
<b>4-26-23</b> 0700-1500	.8	\$300.00	\$2,400.00
4-27-23 0700-1500	8	\$300.00	\$2,400.00
<b>4-28-23</b> .0700-1500	8	\$300.00	\$2,400.00
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Total:

\$12,000.00

Amount Due (USD):

\$12,000.00

Notes / Terms \$375/hour

EIN #47-3388403

Madison Sample Jr MD

1 Week

Week 1/23-1/27/2023



Bernstein & Reikes United States

(Reikistein & )

Dr Sample hours

BILL TO Guardian Anesthesia. Rush Copley Hospital

Raj Iyer MD

+1 (630) 544-9348 riyer1@icloud.com Invoice Number: 008

Invoice Date: May 8, 2023 Payment Due: May 8, 2023

Amount Due (USD): \$12,900.00

Total	\$300/Noar	Hours	Items
\$2,550.00	\$300.00	8.5	<b>5-08-2023</b> 0700-1530
\$2,460.00	\$300.00	8	5-09-2023 0700-1500
\$2,400.00	8300.00	8	5-10-2023 0700-1500
\$2,400.00	\$300.00	8	5-11-2023. 0700-1500
\$3,150.00	\$300.00	10.5	<b>5-12-2023</b> 0700-1730

Total:

\$12,900.00

Amount Due (USD):

812,900.00

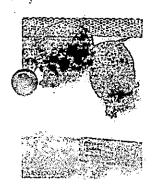
Notes / Terms \$375/hour

EIN #47-3388403

Madison Sample Jr MD

1 week

Week 1/23-1/27/2023



( Beibistein & )

Dr Sample hours

BILLTO

Guardian Ancethesia, Rush Copley Hospital

Raj Iyer MD

+1 (630) 544-9348 river1@icloud.com invoice Number: 009

Invoice Date: May 18, 2023 Payment Due: May 18, 2023

Amount Due (USD): \$10,500.00

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<b>05-15-2023</b> -0700-1700	10	\$300.00

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<b>05-19-2023</b> 0700-1500		}	\$300.00	\$2,400.00
05-17-2023 0700-1500		8	\$300.00	\$2,400.00
-16-2023 00-1600		9	\$300.00	\$2,790.00
0700-1700		10	\$300.00	\$3, <u>0</u> 00.00

Total:

\$10,500.00

Total

Amount Due (USD):

810,500,00

Notes / Terms \$375/hour

EIN #47-3388403

Madison Sample Jr MD

Week 1/23-1/27/2023



4 2024

Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 298 of 392 PageID #:361

Madison Sample JR

Profile & Settings

Online Banking

Saved Items

Log Out (https://secure.bankofamerica.com/myaccounts/signoff/signoff-default.go)

Search

Accounts

Pay & Transfer

Rewards & Deals

Tools & Investing (/myaccounts/brain/redirect.go?target=toolsAndInvestment)

Security Center

Open an Account (/secure-offers/openAnAccount?request\_locale=en-us)

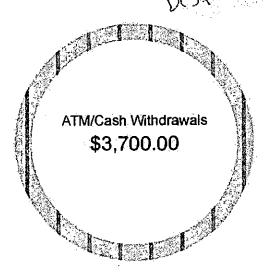
Help & Support

#### ATM/Cash Withdrawals

All Expense Accounts

Custom Dates 05/01/2023 - 05/31/2023

Madison Made weekly Withdrawels
Despite the 4-11-2023 wart order.



The court allowed it.

ATM/Cash Withdrawals

Madison Closed Joint accounts, oraning new ones in his name alone. The court is allowing this to continue,

Share Your Feedback

DR. SamPle closed all Joint accounts ofening new ones in his mame alone. The court is allowing this to continue.

Section of the sectio

JUSEN 1



### Business Adv Relationship - Account Activity Transaction Details

Post data: 02/07/2023

1 week

Amount: 15,922.06

Type:

Deposit

Description:

Accountable Heal DES: PAYROLL ID: 412846

INDIN: Madison Sample Jr. CO ID: 1452469689

PPD

Merchant name:

ACCOUNTABLE HEAL

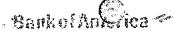
Merchant information:

Transaction

Income: Paychecks/Salary

category:

madison closed this account opening new ones in his name alone. The court is allowing this to continue.





Post date: 02/09/2023

Amount: 12,000.00 | Week

Type: Deposit

**Description:** Counter Credit

Merchant name: Counter Credit

Merchant information:

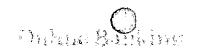
Transaction Income: Deposits

category:

Madison's Income ignored by the court

Case: 1:24-cv-12470 Document #: 1-1 Filed 12/04/24 Page 302 of 392 PageID #:365

### Radkof America



Business Adv Relationship - Account Activity Transaction Details

**Post date:** 02/14/2023

1 Week

**Amount:** 8,810.96

Type: Deposit

**Description:** Accountable Heal DES:PAYROLL ID:412846

INDN: Madison Sample Jr. CO ID: 1452469689

PPD

Merchant name:

ACCOUNTABLE HEAL

Merchant information:

Transaction

Income: Paychecks/Salary

category:



# Business Adv Relationship - Account Activity Transaction Details

Post date: 02/16/2022

Amount: 50,000.00

Type: Deposit

Description: BKOFAMERICA MOBILE 02/16 3672205165

DEPOSIT \*MOBILE IL

Merchant name: BKOFAMERICA MOBILE DEPOSIT IL

Merchant \*MOBILE,1L

information:

Transaction

Income: Deposits

category:



## Business Adv Relationship - - : Account Activity Transaction Details

Check number: 0000001425

Thier

Post date: 03/01/2023

Amount: -12,000.00

Type: Check

Description: Check

Merchant name: Check

Merchant information:

Transaction Cash, Checks & Misc: Other Expenses

callegory:

Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 305 of 392 PageID #:368 Sequence Number: 6452498952

Amount: \$12,000,00
Account: \$8133700

Sequence Number: 6452498952 Capture Date: 03/17/2023 Check Number: 22973468

# **Deposit**

This deposit was made without a paper deposit slip. We have generated this information to document your deposit. Thank you for banking with Bank of America.



Electronic Endorsements
Date Sequence
03/17/2023 6452498952

Bank # Endrs Type TRN 111000025 Rtn Loc/BOFD Y Bank Name

Bank of America NA

DP. Madison Sample closed this account and ofened a new one in his name only.

RRC

Bankof America =

INCOME FOR JUNE 2023
MISSING WEEK 07
June 15th
441, 400.00

Business Adv Relationship - 25: Account Activity Transaction Details

Post date: 06/01/2023 | Week

Amount: 12,900.00

Type: Deposit

Description:

COPLEY MEMORIAL3 DES: AP PAYMENT

ID:071103619 INDN:0000BERNSTEIN AND RE

CO ID:1362170840 PPD

Merchant name:

COPLEY MEMORIAL3

Merchant information:

Transaction

Income: Deposits

category:

Madison's Income Ignoreal By The court.

Mudison closed this account and opened a new one in his name only

#### Business Adv Relationship - @ Account Activity Transaction Details

Post date: 06/08/2023

1 week

Amount:

16,500.00

Type: Deposit

Mudison's Income Ignored by the court.

Description:

COPLEY MEMORIAL3 DES: AP PAYMENT

ID:071103619 INDN:0000BERNSTEIN AND RE

CO ID:1362170840 PPD

Merchant name:

COPLEY MEMORIAL3

Merchant information:

Transaction

Income: Deposits

category:

Madizon closal this account and opened a new one in his name

Business Adv Relationship - 2000: Account Activity Transaction Details

Post date: 06/22/20

06/22/2023 I Week

INCOME

Amount:

12,000.00

Type:

Deposit

Description:

COPLEY MEMORIAL3 DES: AP PAYMENT

ID:071103619 INDN:00008ERNSTEIN AND RE

CO ID:1362170840 PPD

Merchant name:

COPLEY MEMORIAL3

Merchant information:

Transaction

Income: Deposits

category:

Madison's Income Egnoral by The court

# Mudison's pay for Four days 13 \$11,448.49 02/20/2023

Bemstein & Reikes

\*\* VOID \*\*

\*\*\*\*VOID\*\*\*\*THIS IS NOT A CHECK\*\*\*\*VOID\*\*\*\*

Bernstein & Reikes 9476 Falling Water Drive East Burr Ridge, IL 60527

\*\* NON-NEGOTIABLE \*\*

Accountable Healthcare Staffing, Inc.

999 Yamato Rd.

Suite 210

Boca Raton, FL 33431

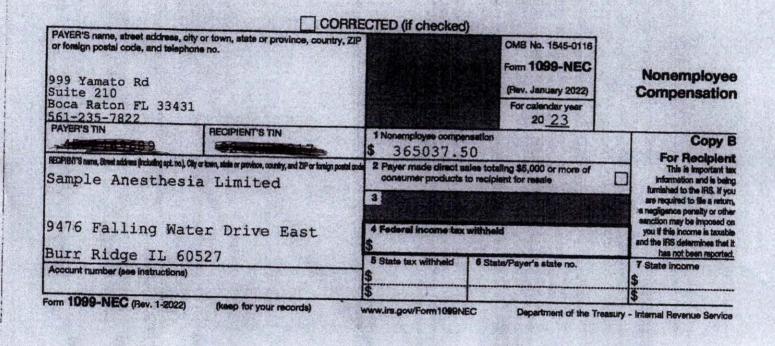
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Name: Bernstein & Reikes	Start:	02/12/2023	From:	02	/12/2023	P	aid Date:	02/20/2023	Current:	\$11,000.00	\$11,448.46
FedID xxx-xx-8403	End:	02/18/2023	To:	02	/18/2023	C	neck#:	E00064057	YTD:	\$65,587.50	\$72,072.89
Agency Notice											
Any questions you may have conce	eming your pay please o	ontact (888) 7-	40-434	1.							
Client	Department	Dat	8	Sft	Туре	Hr/Mi	Rate	Amount		Amount	Hours
Memorial Healthcare Hospital	Anesthesia	02/	13/23	AP	REG	10.00	275.00	2,750.00	Regular:	\$11,000.00	40.00
Memorial Healthcare Hospital	Anesthesia	02/	14/23	AP	REG	10.00	275.00	2,750.00	Overtime:	\$.00	.00
Memorial Healthcare Hospital	Anesthesia	02/	15/23	AP	REG	10.00	275.00	2,750,00	Doubletime:	\$.00	.00
Memorial Healthcare Hospital	Anesthesia	02/	16/23	AP	REG	10.00	275.00	2,750.00	Travel	\$.00	.00 mi
				V <sub>e</sub>		40.00			Adjustments:	\$.00	

Adjustments Type Amount Per Diem 2/13 - 2/16/23 Deduction 100.00 Mileage 2/13 - 2/16/23 - 532 miles @ \$.655/mile Deduction 348.46 448.46 Taxes Current YTD

Garns: \$.00 Deductions: \$448.46 Benefits: \$.00 Taxes: \$.00 Net \$11,448.46

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0.00



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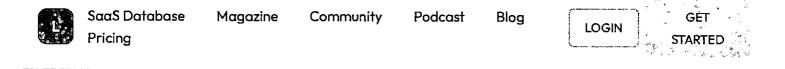
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# **EXHITBIT: 11**

# **CARESKORE 2021 REVENUE** \$39.8 MILLION

Install GetLatka Chrome Extension

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About
Revenue Funding Team Founder/CEO Net
Company
Worth

# How CareSkore hit \$39.8M revenue with a 619 person team in 2021.

Developer of a predictive and prescriptive population health management platform intended to transform the way providers help patients across the continuum of care. The company's platform offers patient management services, cost optimization services, workflow management and automated patient outreach services by aggregating and normalizing data through machine learning, enabling clients to manage population with real time assessments.

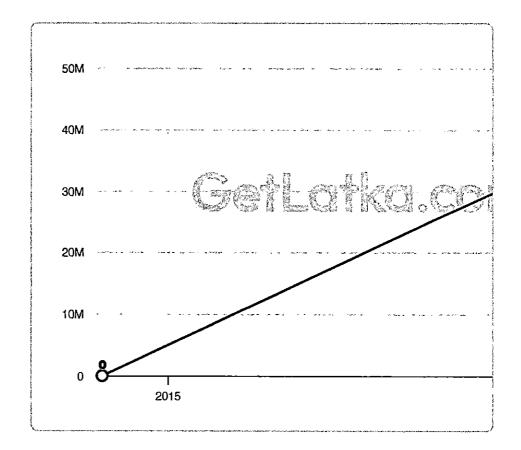


### CareSkore Revenue



In 2021, CareSkore's revenue reached \$39.8M. Since its launch in 2014, CareSkore has shown consistent revenue growth, reflecting its expanding user base and increasing adoption across various industries.

- 2021
   CareSkore
   hit \$39.8M
   in revenue
   in 2021
- 2014
   CareSkore
   launched
   in 2014
   with \$0
   revenue



# CareSkore Valuation, Funding Rounds

Licon

• 2017
CareSkore
raised a of
in
August, 2017

FUNDING DATE	ROUND	AMOUNT	VALUATION	% Sold
August, 09 2017				van

**Team** 



From: madison sample ir msampleir @icloud.com @

Subject: Re: CareSkore nominated for 2015 Chicago Innovation Award

Date: August 26, 2015 at 11:24 AM

To: CareSkore (Jas Grewal) info@careskore.com

Absolutely excellent news!

Sent from my iPod

Madison Sample Jr MD President & Chief Medical Officer Continental Anesthesia

On Aug 25, 2015, at 5:45 PM, CareSkore (Jas Grewal) < @ https://www.acception.com/

AH.

It is with great pleasure that imform you that has been nominated to: the 2015 Chicago Innovation Award. It is a testament to our innovate predictive analytics solution we are developing to solve some of the hardest and most pressing healthcare issues, and make life better, for the patients and their providers.

I will be reaching out to you from time to time to give an update on how we are doing. We will gamer your support (and votes) late October for the People's choice Award

Thank you for supporting us at different levels

JAS GREWAL

Founder & CEO, Sale Back

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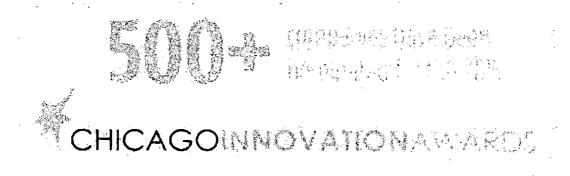
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Chicago: IL 60654

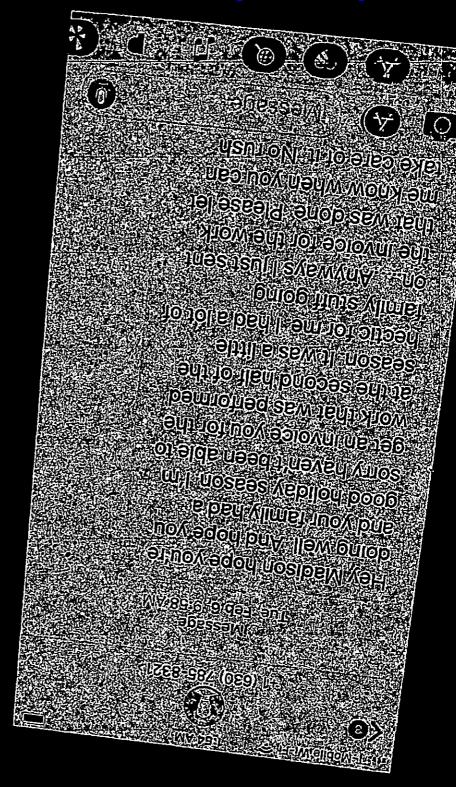
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About Catéfisore - CareSkore la a web beset probleme imbigues pratition to health systems, physician organizations and ACOs to buder manage (new palient populations and operations using real light friedhach and shalyings

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Jas, congratulations on being among this year's Chicago Innovation Award nominees! We look forward to celebrating you at the Nominee Reception on September 9th at Park West. This annual event recognizes all our nominees who are pioneering innovation with brand new products, services and processes in the Chicago region.



#### CareSkore Founder Advisor Agreement

This Founder Advisor Standard Agreement (the "Agreement") is entered into the date set forth on the signature page by and between the undersigned company CareSkore (the "Company") and the undersigned advisor (the "Advisor").

The parties agree as follows:

- 1. <u>Services</u>. Advisor agrees to act as a mentor or advisor to the Company and provide advice and assistance to the Company from time to time as further described on <u>Schedule A</u> attached hereto or as otherwise mutually agreed to by the parties (collectively, the "Services").
- 2. <u>Compensation</u>. Advisor shall not be entitled to receive cash compensation; however, Advisor shall be entitled to receive the equity compensation indicated on the signature page hereto at an exercise or purchase price equal to the fair market value of the Company's Common Stock, which will be documented in the applicable Stock Option Agreement or Restricted Stock Purchase Agreement to be entered into by Advisor and the Company as contemplated on the signature page hereto. The Company will seek written approval or have a meeting of the Board of Directors to authorize the Advisor compensation and deliver definitive stock purchase or option agreements regarding the stock compensation within 90 days from the date of this Agreement. If the Company fails to provide the foregoing documentation within such 90-day period, then the Advisor shall have right to contact directors of the Company.
- 3. Expenses. In connection with any reasonable travel and related expenses incurred in the course of performing services hereunder in which Advisor desires to be reimbursed. Advisor shall provide written notice to the Company in advance describing the nature and maximum amount of such expense (email notice shall be sufficient). If the Company preapproves in writing (email notice shall be sufficient), then the Company shall reimburse Advisor, such pre-approved expenses.
- 4: <u>Term and Termination</u>. The term of this Agreement shall continue until terminated by either party for any reason upon five (5) days prior written notice without further obligation or liability.
- 5. Independent Contractor. Advisor's relationship with the Company will be that of an independent contractor and not that of an employee. Advisor will not be eligible for any employee benefits, nor will the Company make deductions from payments made to Advisor for employment or income taxes, all of which will be Advisor's responsibility. Advisor will have no authority to enter into contracts that bind the Company or create obligations on the part of the Company without the prior written authorization of the Company.

#### 6. Nondisclosure of Confidential Information.

- a. Agreement Not to Disclose. Advisor agrees not to use any Confidential Information (as defined below) disclosed to Advisor by the Company for Advisor's own use or for any purpose other than to carry out discussions concerning, and the undertaking of, the Services. Advisor agrees to take all reasonable measures to protect the secrecy of and avoid disclosure or use of Confidential Information of the Company in order to prevent it from falling into the public domain or the possession of persons other than agents of the Company or persons to whom the Company consents to such disclosure. Upon request by the Company, any materials or documents that have been furnished by the Company to Advisor in connection with the Services shall be promptly returned by Advisor to the Company.
- b. <u>Definition of Confidential Information</u>. "Confidential Information" means any information, technical data or know-how (whether disclosed before or after the date of this Agreement), including, but not limited to, information relating to business and product or service plans, financial projections, customer lists, business forecasts, sales and merchandising, human resources, patents, patent applications, computer object or source code, research, inventions, processes, designs, drawings, engineering, marketing or finance to be confidential or proprietary or which information would, under the circumstances, appear to a reasonable person to be

# EXHITBIT: 12

DEFENDANT, DR MADISON SAMPLE'S USE OF MARITAL FUNDS FOR WORK RESOURCES

DR. SAMPLE'S WILLFUL INTERFERENCE WITH THE PLAINTIFF, JACKIE SAMPLE'S RIGHT TO FINANCIAL STABILITY AND SELF SUFFICIENCY

### BANK OF AMERICA

Your checking account

SAMPLE ANESTHESIA LIMITED | Account # 2910 3751 3900 | August 1, 2023 to August 31, 2023

Denosi	ts	and	other	credits
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Date	Description			Amount
08/01/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	4,849.78
08/02/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	8,010.37
08/08/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	16,145.73
08/15/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	17,342.63
08/22/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	14,518.20
08/29/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	15,020.73
08/29/23	Accountable Heal DES:PAYROLL	ID:412846 INDN:Madison Sample Jr.	CO ID:1452469689 PPD	786.77
Total dep	osits and other credits			\$76,674,21

### Withdrawals and other debits

Date	Description	Amount
08/01/23	MI TLR transfer to CHK 4144 Banking Ctr MERIDIAN #0000308 MI Confirmation# 0390976257	-12,000.00
08/02/23	IL DEPT OF REVEN DES:EDI PYMNTS ID:00001434044880 INDN:BERNSTEIN REIKES CORP ID:5555566257 CCD PMT INFO:TXP*47338840301*20099*20230630*T*60588\	CO -605.88
08/03/23	IL DEPT EMPL SEC DES:UNEMPL TAX ID:XXXXXXXXX INDN:BERNSTEIN & REIKES COR CO ID:1363042127 CCD PMT INFO:TXP*4767737**230630**0000000000**0000052 489**XXXXXXXXX	-524.89
08/07/23	Online Banking payment to CRD 4696 Confirmation# 1344418647	-6,400.00
08/09/23	Online Banking payment to CRD 4696 Confirmation# 2662999583	-1,418.69
08/14/23	IRS DES:USATAXPYMT ID:220362611288429 INDN:BERNSTEIN AND REIKES C CO ID:3387702000 CCD	-3,889.00
08/15/23	IL DEPT OF REVEN DES:EDI PYMNTS ID:00001527917008 INDN:BERNSTEIN REIKES CORP ID:5555566257 CCD PMT INFO:TXP*473388403000*0112*20230930*T*59400\	CO -594.00
08/18/23	Online Banking payment to CRD 4696 Confirmation# 0436340740	-2,300.00
08/21/23	Customer Withdrawal Image	-15,000.00
08/23/23	Online Banking payment to CRD 4696 Confirmation# 2683105633	-875.76

continued on the next page

**BUSINESS ADVANTAGE** 

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Store and review your statements online. You can access up to seven years of account statements online or from our mobile app — 24/7 from almost anywhere.

Simply use our Mobile Banking app or sign in online to Business Advantage 360 and click on Profiles & Settings.

SSM-01-23-2637.6 | 5421106

Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply. Not all account documents are available in paperless format.

	From: Jack Johnson (jackshousinganddevelopment@gmail.com)
	To: salon119spa@yahoo.com
	Date: Monday, November 11, 2024 at 06:56 PM CST
	Forwarded message
	From: Jack Johnson < jackshousinganddevelopment@gmail.com >
	To: Tracey A. Wertman < TWertman@sdflaw.com>
	Hi Tracey
	resolution to my financial access issue. Having this documentation will assist me in understanding the proceedings and any further steps that may be necessary. I kindly request that you address the status quo order during today's court proceedings.
_	As we previously agreed, I agreed to filing an emergency order to prevent the unfavorable circumstances I am currently facing. One of the main obstacles preventing progress is my inability to pay the required fees, including the General Contractor's license fee, GC
	Insurance, and the engineer's fee for Prairie. This financial limitation is holding up the sale of Prairie, exacerbating the urgency of the
	Please understand the urgency of my situation, and I would be immensely grateful for your immediate attention and action on this matter. Your prompt response and resolution would greatly alleviate the financial burden I am currently facing.
	(from a previous email sent on May 23rd)
	a. Could you assist me in regaining access to all our investment accounts, particularly cryptocurrency, before June 2nd? d. I am still facing credit issues due to the CHASE credit card. Despite the ongoing situation, Madison has reduced the card's limit for the second time. Furthermore, I am currently unable to log into CHASE as before. Could you please follow up on this matter and ensure that the CHASE issue is resolved by June 2nd?
	Thank you for your understanding and assistance
	Jack
_	On Thu, May 25, 2023 at 3:54 PM Tracey A. Wertman < TWertman@sdflaw.com > wrote:  Hi Jackie - I spoke to John who will instruct Madison to pay your life insurance premiums.
_	As we discussed vesterday, mediation is an option. Apparently, you must have talked to Madison about it. He is in agreement to
	Any questions, please let me know.
	Best, Tracey
	Tracey A. Wertman I Partner
	SCHILLER DUCANTO & FLECKLLE
	Direct (312) 609-5504   Fax (312) 641-6361

you but we need water to flush toilets etc and I am only here 10 more days.

Today 6:03 AM

Good morning Jack I'm going to stop back by the house after my workout this morning and I wanted to discuss getting a refund for the month of March and I will let you keep \$50 a day for the days that I've spent at the house I know you have a lot of issues going on, but I definitely need running water, and it is unsanitary to live without it at this point because of the toilets







Tenant Scott

Hey Scott
Please call me at your earliest

Tue, Mar 5 at 9:59 PM

Hey Jack.. let's discuss tomorrow .. I am thinking the following: I am only here for another 10 days max because of spring break and going back to the Naperville house end of next week.. why don't I just pay you for the 10 days I am here at the \$50 a day rate like we did in December and you refund me the rest and I will go to a hotel where there is running water? I feel bad for you but we need water to flush toilets etc and I am only

+ iMessage

## Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 326 of 392 PageID #:389



Jack Johnson < jackshousinganddevelopment@gmail.com>

## **Project**

gmail.com>

Wed, Oct 16, 2024 at 12:25 PM

To: jackshousinganddevelopment@gmail.com

Good Afternoon Mrs. Sample,

I am reaching out regarding a project that is am currently pursuing.

I am searching for a personal residence and I am requesting your professional assistance.

I would like to know would you have any immediate availability to take the role of a general contractor from start to finish on that project.

This will include the gutting of the property to the final furnishings of the project.

I need this quote immediately as I am submitting the quote to the bank

I look forward to your response.

Respectfully,

# EXHITBIT: 13

# RACIAL DISCRIMINATION BY DR MADISON SAMPLE



Jack Johnson <jackshousinganddevelopment@gmail.com>

### Re: Jeep Repair

Madison Sample Jr <msamplejr@gmail.com>

To: Jack Johnson < jackshousinganddevelopment@gmail.com>

Wed, Jun 7, 2023 at 7:54 PM

I do not accept your premise,

During slavery, black men and women called the white male "massa" and "the man". Black men worked back breaking work in the field all day, where some black women worked in massa house calling him the man. Bearing his chillren.

What you have done to me is as if you are my massa. I answer to you and the white man system of the State. There is no place in this country you could treat a white man as you have treated me. I will never forget it.

You would not have even thought of treating your previous white boyfriend like you have me. I will never be in this position with a black woman during my life.

I don't accept you blaming me for your issues. That doesn't work anymore on me.

Sent from my iPod

Madison Sample Jr MD

On Jun 7, 2023, at 6:41 PM, Jack Johnson < jackshousinganddevelopment@gmail.com> wrote:

#### Heilo

Considering recent events, I have reservations about your commitment to cover the costs of repairing the Jeep. Your actions have hindered my access to our shared funds, and it's evident that I lack the financial resources to pay for vehicle repairs, Madison. I need to exercise caution to avoid being burdened with an unaffordable car repair bill and left without a means of transportation. I would prefer to wait until the Jeep is repaired before switching back to our original cars.

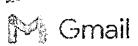
Jack

Around 2020-2021, I noticed that the Defendant, Dr. Madison Sample, had become a fan of Kevin Samuels, a well-known internet personality and image consultant. Kevin Samuels was widely recognized for belittling women, particularly women of color, and his comments toward Black women were often derogatory.

The Defendant, Dr. Madison Sample, began directing racial and sexist insults toward the Plaintiff, Jackie Sample. These included statements such as, "It would be impossible for a Black woman to get a high-net-worth man like me. Black women, especially at your age, can't get a successful man like me because they don't appreciate men like me. Women from other ethnic groups are easier to deal with. Black women don't know how to stay in their place. I have a degree from Harvard and an MD from Washington University. You don't have a degree."

# EXHITBIT: 14

SOME PREVIOUS TRAVEL
EXPENSES OVER \$90K,
EXCLUDING SHOPPING WEEKEND
TRIPS, TOURS, RESTAURANTS,
AND MORE



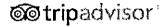
Jack Johnson < jackshousinganddevelopment@gmail.com>

## Booked! Your reservation at Iberostar Berkeley Shore Hotel in Miami Beach is confirmed

1 message

TripAdvisor < Members@e.tripadvisor.com> Reply-To: TripAdvisor <reply-fe501178736502797d1d-18\_HTML-391157013-10834732-139118@e.tripadvisor.com> To: jackshousinganddevelopment@gmail.com

Sat, Apr 21, 2018 at 9:16 AM



know better @ book better @ go better

Hi jackshousinganddevelopment

## Thanks for booking on TripAdvisor, Jackie.

Your reservation is confirmed.

Your hotel reservation at Iberostar Berkeley Shore Hotel is confirmed.

Confirmation Number: 681660 - Modify your booking View or modify your booking with



To cancel or change your booking call Cancelon at 1-855-226-2359, or go to My Bookings to manage your booking on TripAdvisor

Modify your booking

Cancel your booking

If you are not getting the help you need, call TripAdvisor at 1-800-753-7914, or +1-857-288-1073 if you are calling from overseas.

## Your trip and payment details



Iberostar Berkeley Shore Hotel

@@@@ 182 Reviews

1610 COLLINS AVE 🔒 0013055315731 Miami Beach, FL 33139

Confirmation Number: 681660

Check in: 5/03/2018 Check out: 5/06/2018

♦ 3 nights

1 room

🗯 1 guest

Total: 935.0 USD

Cancellation Policy: Cancellations before Apr 29, 2018 12:00 PM (Local Time) are 86 USD processing fee will be charge. Bookings cancelled after Apr 29, 2018 12:00 PM (Local Time) are non-refundable and cannot be amended. There is no refund for no-shows or early checkouts.

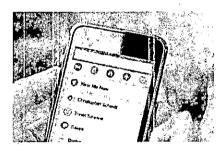
Cancelon will charge your card prior to your stay.



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KATHY ECOB

20875 S LAGRANGE ROAD FRANKFORT, IL 60423

07Nov19 Issue Date GW/71408Z **Booking Number** Agent Code 14504862 Agent Reference TERESA-018 06Dec19 Departing Date

Your Reference

SRMKWT

#### **Booking Confirmation**

The following recaps the details of your travel arrangements. Please review all items thoroughly; including components booked, dates of travel and passenger names prior to submitting payment. All prices are subject to change until applicable payment is received. Your Travel Agent can review the deposit and final payment requirements as well as any cancellation or change fees.

Passenger Details

Gateway Age Passenger ORD DR MADISON SAMPLE-JR ORD MS JACKIE LORESE SAMPLE

**Payment Details** 

\$3799.90 Passenger Total: \$1975.90 due on 08Nov19 Deposit Requirement: \$3799.90

Balance Outstanding (Due on 08Nov19):

LINCOLN TRAVEL KATHY ECOB

**Agent Information** 

20875 S LAGRANGE ROAD FRANKFORT, IL 60423 8154697454 8154697461

Notes

### \$100.00 PER ADULT LAND DEPOSIT IS NON-REFUNDABLE

#### **Rules and Conditions**

PASSPORT: A valid passport is required for U.S. Citizens traveling internationally. Visit www.travel.state.gov for specific requirements. If you are not a U.S. Citizen please check with the consulate of the country to which you are traveling for entry requirements.

BAGGAGE FEES: Additional fees for baggage may apply. Please contact the airline or refer to its website for detailed information regarding their checked baggage policies, or alternatively please visit http://www.gogowwv.com/booking-terms-and-conditions for more information.

IMPORTANT: Availability is subject to change and prices are subject to increase prior to the time you make full payment. Prices are not subject to increase after you make full payment, except for charges resulting from increased government-imposed taxes or fees.

PAYMENT TERMS: If you are booking your vacation more than 45 days before departure, you may elect to pay your balance in full at time of booking, or (if applicable) to make an initial deposit and pay the remaining balance no less than 45 days before departure. The initial deposit will be charged to a credit card at time of booking or may be payable by check. GOGO Vacations may require a non-refundable \$100 per person deposit depending on the type of services associated with your booking.

AIR: If your booking includes air travel, such airfare is subject to the policies of the issuing airline and may be non-refundable once ticketed. Thereafter, any amendment or any changes to a reservation once booked and paid or deposited constitutes a cancellation and any ticket exchanges, changes, reissues and cancellations may require additional funds. In addition to retaining any non refundable deposit, cancelled bookings may incur charges up to 100% of the cost of the booking depending on the Airlines rules. In the event the airfare is canceled, the airfare may be exchanged for another trip, under the same passenger names, so long as the trip is completed within 365 day of the original ticket issue date.

## Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 334 of 392 PageID #:397

ADDITIONAL TAXES: Additional taxes and surcharges that cannot be pre-collected may be charged locally by car rental agencies, hotels or other suppliers.

TRAVEL PROTECTION: We always recommend that all travelers purchase travel protection for their vacation package. Any coverage you have purchased is listed under insurance components. Please contact your travel agent for plan details, plan costs and a description of coverage.

HAZARDOUS MATERIALS: Federal law prohibits the carriage of certain hazardous materials, such as aerosols, fireworks, and flammable liquids, aboard an aircraft. If you do not understand these restrictions contact your airline.

LIABILITY: GOGO Vacations and its employees, affiliates, officers, directors, successors, agents and assigns do not own or operate any entity which provides goods and services for your travel including without limitation, lodging facilities, airline, vessel, motor coach or other transportation companies, guides or guide services, local ground operators, providers or organizers of optional excursions, food service providers, etc. All such persons and entities are independent contractors and are in no way affiliated with GOGO Vacations. GOGO Vacations is not liable for any negligent or willful act or failure to act of any travel service provider or of any third party. GOGO Vacations is not responsible for any injury, loss, death, inconvenience, delay / damage to person or property in connection with the provision of any goods or services whether resulting from, but not limited to, acts of God or force majeure, illness, disease, acts of war or civil unrest, insurrection or revolt, animals, strike or other labor activities, criminal or terrorist activities, of any kind, overbooking or downgrading of accomodations, mechanical or other failure of airplanes or other means of transportation, or any failure of any transportation mechanism to arrive or depart on time. If due to weather, flight schedules or other uncontrollable factors you are required to spend additional night(s), you will be responsible for your own hotel, transfers and meal costs. Baggage is entirely at owner's risk. You may see the name GOGO Vacations affixed to motor vehicles, on signs around the hotel or elsewhere. This use of our name is purely for reasons of identification and does not denote ownership, supervision, or control by GOGO Vacations in any way. You specifically agree that GOGO Vacations is not liable for any consequential loss or damage. Conditions can change rapidly in a country at any time. It is the travelers responsibility to check the USA Government Travel Advisories for your intended destination at https://travel.state.gov/conten

#### Itinerary

#### FRI 06 DEC 2019



Flight - Departing

6:20PM

Depart CHICAGO on TAP AIR PORTUGAL flight TP242

Confirmed

Reservation Number: SRMKWT

#### **SAT 07 DEC 2019**

Flight - Arriving

8:00AM

Arrives LISBON



Flight - Departing

9:25AM

Depart LISBON on TAP AIR PORTUGAL flight TP1128

Confirmed

Reservation Number: SRMKWT

Flight - Arriving

11:55AM

Arrives TENERIFE



#### Transfer

Private Vehicle Transfer to your hotel

Confirmed

TP1128 1155A TO H10 Big Sur Tenerife

For 2 adults

**HOLIDAY TAXIS** 

13 Black Lion Street, 2nd Flr

Brighton, BN1 1ND

UNITED KINGDOM

TEL: 44 12 73 828 200

#### RECONFIRMATION

Please reconfirm transfer at least 48 hours prior to transfer departure IMPORTANT INFORMATION

- \* This is a non assisted transfer
- \* Luggage limit is 1 suitcase and 1 piece of hand luggage per passenger
- \* Additional charges will apply on extra luggage or special requests (eg. for passengers in wheelchair)
- \* In the unlikely event of a delay or difficulty in locating your driver pleae use the emergency number to contact a representative
- \* Please do not leave the arrivals hall until you have located your driver/ representative.
- \* In the event of being delayed with your luggage please sent one person of your party to the Canary Shuttle Office to advise our representative.

DURATION

Approximately 15 minutes

MEETING POINT

Once you have collected your luggage please proceed to Canary Shuttle Office at arrivals hall (desk number 2). Please identify yourself to a representative by showing them a copy of your booking voucher.



#### Accommodation

SEA VIEW TWIN

Confirmed

H10 Big Sur Tenerife 28 Av.Juan Carlos I Los Cristianos 38650

SPAIN

TEL: 92 279 0366

In a 2 Adults room

For 5 nights In: 07 DEC Out: 12 DEC

Inclusions:

Bed And Breakfast

Supplier Reference:

2756024

Twin

Car park NO. Check-in hour 14:00 - . Only Adults.

Online Price

#### THU 12 DEC 2019



#### Transfer

Private Vehicle Transfer to your flight

Confirmed

H10 Big Sur Tenerife TO TP1127 1P

For 2 adults

**HOLIDAY TAXIS** 

13 Black Lion Street, 2nd Flr

Brighton, BN1 1ND

UNITED KINGDOM

TEL: 44 12 73 828 200

#### RECONFIRMATION

There is no need to reconfirm your transfer unless your pick up time has changed. If your pick up time has changed please call the supplier on the reconfirmation number provided 24 hours prior to departure IMPORTANT INFORMATION

- \* This is a non assisted transfer
- \* Luggage limit is 1 suitcase and 1 piece of hand luggage per passenger
- \* Additional charges will apply on extra luggage or special requests (eg. for passengers in wheelchair)
- \* In the unlikely event of a delay or difficulty in locating your driver pleae use the emergency number to contact a representative

**DURATION** 

Approximately 15 minutes

MEETING POINT

Please ensure that you are at your confirmed pick up point (outside the hotel) at least 15 minutes in advance and have your voucher ready to give to the driver.



#### Flight - Departing

1:00PM

Depart TENERIFE on TAP AIR PORTUGAL flight TP1127

Confirmed

Reservation Number: SRMKWT

Flight - Arriving

3:15PM

Arrives LISBON



Transfer

Private Vehicle Transfer to your hotel

Confirmed

ACATIONS

## Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 337 of 392 PageID #:400 TP1127 315P TO Sofitel Lisbon Liberdade

For 2 adults

I NEED TOURS

Via de Pinedo 18

55041 Lido di Camaiore

**LUCCA** 

TEL: 39 06 9763 0256

#### RECONFIRMATION

Please reconfirm transfer 24 hours prior to departure IMPORTANT INFORMATION

- \* Luggage Allowance: Each passenger is allowed to a maximum of 1 suitcase and 1 carry-on bag (Hand luggage whose weight not exceeding 10 kg, with maximum dimensions of 55 cm x 40 cm x 20 cm)
- \* Surcharges will apply for multiple drop-offs
- \* If you have any issues locating their driver you must call the local contact number
- \* Driver will wait for 1.5 hours after scheduled arrival time
- \* Driver will arrive at the airport 30 minutes after the scheduled arrival time
- \* Driver will wait at arrivals for clients
- \* In the event of delays, please call the emergency assistance line INCLUSION Includes:-
- \* Transfer from airport TRANSFER SCHEDULE Daily 24 hours MEETING POINT

AIRPORT: Driver will wait at the arrival gate holding a sign with customer name.



#### Accommodation

SUPERIOR ROOM, 1 KING SIZE BED

Confirmed

Sofitel Lisbon Liberdade 127 Avenida da Liberdade

Lisbon

PORTUGAL 1269-038

TEL: 351 21 322 8300

In a 2 Adults room

For 2 nights In: 12 DEC Out: 14 DEC

Inclusions:

**Room Only** 

Supplier Reference:

GJB071749CJ39O

Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 338 of 392 PageID #:401

### **SAT 14 DEC 2019**



#### Transfer

Confirmed

Private Vehicle Transfer to your flight Sofitel Lisbon Liberdade TO TP243 120P For 2 adults I NEED TOURS

RECONFIRMATION
Please reconfirm transfer 24 hours prior to departure
IMPORTANT INFORMATION

- \* Luggage Allowance: Each passenger is allowed to a maximum of 1 suitcase and 1 carry-on bag (Hand luggage whose weight not exceeding 10 kg, with maximum dimensions of 55 cm x 40 cm x 20 cm)
- \* Surcharges will apply for multiple drop-offs
- \* If you have any issues locating their driver you must call the local contact number
- \* Pick-up time is at least 3.5 hours before flight departure INCLUSION Includes:-
- \* Transfer from city centre hotel to airport TRANSFER SCHEDULE Daily 24 hours MEETING POINT

Driver will meet the client in the hotel lobby - Customers are required to be ready 10 minutes before the scheduled pick-up time and consider a flexibility of 20 minutes due to the varying conditions of traffic



#### Flight - Departing

1:20PM

Depart LISBON on TAP AIR PORTUGAL flight TP243

Confirmed

Reservation Number: SRMKWT

Flight - Arriving

4:35PM

Arrives CHICAGO

Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 339 of 392 PageID #:402 🕏









## Thank You for Registering for "FOLLOW THE BIBLE" ISRAEL TOUR-

Madison Sample Jr,

Dates: October 31, 2018 to November 9, 2018

Login Details: A login will be required to edit your registration; use the following information or

click the Edit My Registration button at the top of this page.

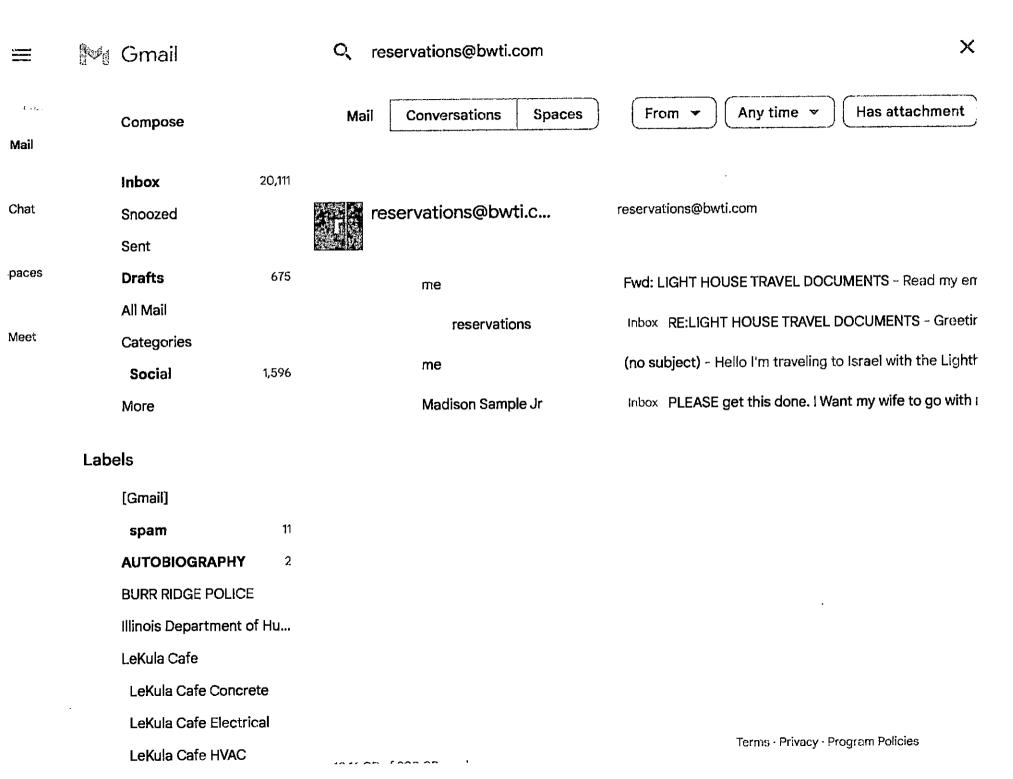
Your registration URL is <a href="https://www.rsvpbook.com/event.php?582128">https://www.rsvpbook.com/event.php?582128</a>

Your email address is msamplejr@gmail.com

Your password is

## - Purchase Summary

Land and Air - 2 Person (Qty 1)	\$ 7,031.25
Subtotal	\$ 7,031.25
Discount Total Check Payment Discount (\$ -281.25)	(\$ -281.25)
Total	\$ 6,750.00
Payments	(\$ -6,750.00)
Check Payment [CK 309] (\$ -2,750.00)	
Check Payment [CK 1024] (\$ -2,000.00)	
Credit Card Payment [CC VI8310] (\$ -2,000.00)	
Balance Due	\$ 0.00



## Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 341 of 392 PageID #:404

Payment Instructions: TO GUARANTEE PROPER CREDIT TO YOUR ACCOUNT: THE TOUR ID NUMBER "582428" MUST BE WRITTEN ON THE MEMO LINE OF YOUR CHECKS.

Make checks payable to: Bell Wholesale Travel, Inc. 834 E Rand Road, Suite 7 Mount Prospect, IL 60056

AVOID CANCELLATION BY MAKING SURE YOUR INITIAL DEPOSIT REACHES OUR OFFICE WITHIN 10 DAYS OF YOUR ORIGINAL REGISTRATION DATE.

Early Bird Payment Due in Full by JULY 25, 2018, to Avoid a \$200 per Person Late Payment Fee. Final Payment Due No Later than SEPTEMBER 10, 2018, to Avoid Cancellation.

## Sincerely,

Bell Wholesale Travel, Inc reservations@bwti.com

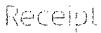


State Gmail	Jack Johnson <jackshousinganddevelopment@gmail.com></jackshousinganddevelopment@gmail.com>								
vitation: Lighthouse dinner. Israel trip @ Sun Oct 21, 2018 2	The second of th								
adison Sample Jr <msamplejr@gmail.com> ply-To: Madison Sample Jr <msamplejr@gmail.com> ; jackshousinganddevelopment@gmail.com, Jackie Johnson <salon119spa@yahoo.com></salon119spa@yahoo.com></msamplejr@gmail.com></msamplejr@gmail.com>	Thu, Aug 23, 2018 at 9:08 AM								
Lighthouse dinner. Israel trip	more details »								
When Sun Oct 21, 2018 2:30pm – 5:30pm Central Time - Chicago									
Where Lighthouse Church of All Nations 4501 W 127th St, Alsip, IL 60803, United S	tates (map)								
Calendar Jack Johnson									
<ul> <li>Who</li> <li>Madison Sample Jr - organizer</li> <li>Jack Johnson</li> <li>Jackie Johnson</li> </ul>									
Going? Yes - Maybe - No more options »									
Invitation from Google Calendar									
You are receiving this email at the account jackshousinganddevelopment@gmail.com because you are s	subscribed for invitations on calendar Jack Johnson.								
To stop receiving these emails, please log in to https://www.google.com/calendar/ and change your notifi	cation settings for this calendar.								
Forwarding this invitation could allow any recipient to modify your RSVP response. Learn More.									
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## Hinerary

Carrier	Flight #	Departing	Arriving	Fare Code
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<b>€</b>	1185	TUE 13SEP 7:00 AM	9:59 AM	Q
American Madison	C+ 40C			Food For Purchase
Sample	Seat 12C	Economy		, •
Jackie Johnson	Seat 12B	Economy	and the control of th	Food For Purchase
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		PHILADELPHIA	BERMUDA	Q
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American Madison	Seat 14D	Economy		Food For Purchase
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Jackie Johnson	Seat 14E	Economy	e propriet a majorial financia con militaria e principa a militaria communica de describa a majorial financia de majoria de 18 a majoria de 18 a majorial de majorial de majorial de 18 a majoria	Food For Purchase
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Madison	Seat 11D	Economy		Food For Purchase
Sample Jackie	Oant 44E	·	-	Food For Purchase
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American	101	5:50 PM	7:19 PM	
Madison Sample	Seat 7D	Economy		Food For Purchase
Jackie	Seat 7E	Economy		Food For Purchase
Johnson	مدعدادون بدروان ووراديماليما أيومت ماومي ر	a market the street page appared to make the speciment process of the street of the st	ينده جيد هد سوده ورجيده درجيده ماهين ساهي ورجيد ورسيده والمستحد والمستحد المراجع والمستحد وال	and the property of the second control of the second of the second control of the second control of the second of



Passenger Ticket #		Fare-USD	Taxes and Carrier- Imposed Fees	Ticket Total
↑ Madison Sample	0012379676614	516.00	155.06	671.06
) Jackie Johnson	0012379676615	516.00	155,06	671.06

#### Baggage Information

Baggage charges for your itinerary will be governed by American Airlines BAG ALLOWANCE -ORDBDA-No free checked bags/ American Airlines BAG ALLOWANCE -BDAORD-No free checked bags/ American Airlines 1STCHECKED BAG FEE-ORDBDA-USD25.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM\*\* 1STCHECKED BAG FEE-BDAORD-USD25.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM\*\* 2NDCHECKED BAG FEE-ORDBDA-USD40.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR IN/158 LINEAR CM\*\* \*\*BAG FEE-BDAORD-USD40.00/ American Airlines /UP TO 50 LB/23 KG AND UP TO 62 LINEAR IN/158 LINEAR CM\*\* \*\*BAG FEES APPLY AT EACH CHECK IN LOCATION ADDITIONAL ALLOWANCES AND/OR DISCOUNTS MAY APPLY

You have purchased a NON-REFUNDABLE fare. The itinerary must be canceled before the ticketed departure time of the first unused coupon or the ticket has no value. If the fare allows changes, a fee may be assessed for changes and restrictions may apply.

You have 24 hours to cancel your trip for a full refund if you booked at least 7 days prior to departure. You must cancel your trip before requesting a refund. To cancel your trip, login on aa.com or Contact Reservations. For our refund policy and to request a refund, go to www.aa.com/refunds.



















Some everyday products, like e-cigarettes and aerosol spray starch, can be dangerous when transported on the aircraft in carry-on and/or checked baggage. Changes in temperature or pressure can cause some items to leak, generate toxic fumes or start a fire. Carriage of prohibited items may result in fines or in certain cases imprisonment. Please ensure there are no forbidden hazardous materials in your baggage like:

Some Lithium batteries (e.g. spares in checked baggage, batteries over a certain size), Explosives / Fireworks, Strike anywhere matches/ Lighter fluid, Compressed gases / Aerosols Oxygen bottles/ Liquid oxygen, Flammable liquids, Pesticides/ Poison, Corrosive material.

There are special exceptions for small quantities (up to 70 ounces total) of medicinal and toilet articles carried in your luggage, spare lithium batteries for most consumer electronic devices in carry-on baggage, and certain smoking materials carried on your person.

Certain items are required to be carried with you onboard the aircraft. For example, spare lithium batteries for portable electronic devices, cigarette lighters and e-cigarettes must be removed from checked or gate-checked baggage and carried onboard the aircraft. However, e-cigarettes may not be used on-board the aircraft.

Traveling with medical oxygen, liquid oxygen, mobility aids and other assistive devices may require airline pre-approval or be restricted from carriage entirely. Passengers requiring these items should contact the airline operator for information on use of such devices.

Electronic tickets are NOT TRANSFERABLE. Tickets with nonrestrictive fares are valid for one year from original date of issue. If you have questions regarding our refund policy, please visit www.aa.com/refunds.

To change your reservation, please call 1-800-433-7300 and refer to your record locator.

Case: 1:24-cv-12470 Document#: 1-12 Filed: 12/04/24 Page 345 of 392 PageID #:408

Parents TriP 1,500 our quote \$2,000.00 500.00 x 4 nights \$300.00 ost Fees ~ \$248.00 ervice Fee ② \$120.00 \$2,668.00 otal \$2,618.00 ue on April 30, 2022 \$50.00 ue on May 3, 2022 Paid you incur incidental fees or cause damage to the rental property, your credit card may be charged up to \$400. Learn more about policies on our Help Center.

ttps://help.homeaway.com/articles/What-happens-if-my-card-on-file-is-charged-for-property-damage).

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### $oxed{f }$

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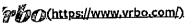
### Company

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Careers (https://lifeatexpediagroup.com/brands?utm\_source=vrbo&%3Butm\_medium=homepage%23brands-vrbo)

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Stayz.com.au (https://www.stayz.com.au/)



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< (/traveler/th/bookings)

## Pullman, Michigan, United States of America

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ullman, Michigan, United States of America (/1465661?unitId=2024255&noDates=true)

roperty ID: 1465661

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lay 4, 2022

5:00 PM

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lay 8, 2022

1:00 AM

Elizabeth Kosten

Joined in 2018

Case; 1:24-cy; 1/2470 Document #: 1-1 Filed: 12/04/24 Page 347 of 392 PageID #:410

## Re: Booking Confirmation Regina Hotel Baglioni (updated)

From: Madison Sample Jr. MD (msamplejr@gmail.com)

To: reservations.reginaroma@baglionihotels.com

Cc: salon119spa@yahoo.com

Date: Tuesday, September 8, 2015 at 01:05 AM CDT

I appreciate your response. We tried this bed again. The bed is still separating.

Is it possible to exchange this bed for a King mattress bed? If not, we will move. We will be out on a tour till late again. Let us know. It will be a luxury to get a good night sleep. We both sleep in the middle of the bed together, unlike some married couples who sleep on both ends. This bed would work great for them, not us.

Please keep me informed.

Sent from my iPad Madison Sample Jr., MD CEO & Chief Medical Officer Continental Anesthesia

On Sep 6, 2015, at 9:29 AM, Madison Sample Jr <a href="mailto:msamplejr@gmail.com">msamplejr@gmail.com</a>> wrote:

#### Hello

We are out all day on a tour and won't return till late. Yesterday, however it was a difficult night sleeping.

Housekeeping was gone for the night and a night manager came and did his best to correct problem. Our King bed (2 twin beds put together) kept coming apart!

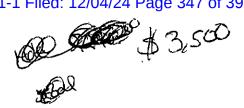
Even afterward, we did not sleep well because it was as if we kept falling in the middle.

We need a new bed or this fixed while we are out please. I've never experienced this and I do a lot of traveling for work.

Thanks for your attention to this.-Room 410.

Sent from my iPod

Madison Sample Jr MD



## President & Chief Medical Officer Continental Anesthesia

On Jul 2, 2015, at 2:41 PM, <reservations reginaroma@baglionihotels.com> <reservations.reginaroma@baglionihotels.com> wrote:

Dear Mr Johnson-Sample,

Warm Greetings from Regina Hotel Baglioni.

We are delighted you have decided to stay with us and we are pleased to confirm your reservation as follows:

	·
Reservation N°	5631933
Arrival Date	05.09.15
Departure Date	12.09.15
No. of nights	7 nights
Room	1 Double Deluxe room
Daily Rate	€ 320.00 per night, including 10% VAT
Breakfast	American Buffet Breakfast included
Payment	Upon departure
Guarantee	Visa ****2823 Exp. Date: 08/17
	The hotel reserves the right to verify the validity of the credit card before Guests' arrival (either by requesting a preauthorization on the card or by contacting the credit card provider directly). If the credit card is invalid and for is declined, the reservation may be cancelled.
Cancellation	At midday Italian time 2 days before arrival. One night will be charged to your credit card on failure to cancel. Early departures must be communicated 24 hours in advance in order to avoid a penalty.
Parking	Available starting from € 50,00 per night/car, provided with valet service
Arrival Time	We would be very grateful if you could advise us on your estimated arrival time in order to offer you our warm welcome.

## Reservation Confirmation #84469982 for JW Marriott Guanacaste Resort & Spa

From: JW Marriott Hotels & Resorts Reservations (reservations@jwmarriott-res.com)

SALON119SPA@YAHOO.COM To:

Date: Thursday, January 8, 2015 at 04:42 PM CST

Please review your reservation details and keep for your records.

## and a horough alcountable in order hing

THE HOLD PROBES OF THE PROPERTY OF THE PROPERT

568-26812000 Hotel Website Map & Directions Plan Your Stay

## Reservation Confirmation: 84469982

### For MADISON SAMPLE

CHECK-IN DATE Saturday, February 21,

2015

CHECK-IN TIME 03:00 PM

CHECK-OUT DATE Friday, February 27, 2015

CHECK-OUT TIME 12:00 PM

TO SOLL IN SECURIOR STREET

Compel To an testing this

### Dear MADISON SAMPLE,

Thank you for choosing JW Marriott as your next travel destination. You have our commitment to provide a curated stay experience that eliminates distractions and the unnecessary — so you have the time and space you can call your own. The detailed information below confirms your reservation.

With kind regards, JW Marriott Guanacaste Resort & Spa

## The first the most of the force of the

اً السالة

Hang On for Free Wi-Fi

Join Marriott Rewards® and connect free worldwide.

Join Marriott Rewards

1

Golf is For Everyone

Book time to tee off with family and friends.

Learn more

ر السركة

**Bon Appetit** 

Extraordinary culinary and wine selections

Treat your senses

لديتيا

Relax and Rejuvenate

Calming, rejuvenating, invigorating or indulging

Learn More

BOOK THE STANK

ROOM TYPE

Guest room, 1 King, Garden view, Balcony

NUMBER OF ROOMS

1

2

GUESTS PER ROOM

GUARANTEED METHOD Other guarantee

SPECIAL REQUESTS

Room 1

Property does not offer

- 1 King Bed
- · Non-Smoking Room

## All services to the Congress of

### RATES ARE PER ROOM, PER NIGHT (USD)

Saturday, February 21, 2015-Sunday, February 22, 2015 Leisure rate	1 night	203.00 USD
Sunday, February 22, 2015-Friday, February 27, 2015 Leisure rate	5 nights	259.00 USD
ESTIMATED GOVERNMENT TAXES & FEES		32.46 USD
Total for stay (for all rooms)		1,692.74 USD

## **Parking Information**

- · Complimentary on-site parking
- · Valet parking, fee: 10 USD daily

The Control of the Control of the

A. H. T. GER. A. AROOM, MALE

## Recorded on the contraction of the

- · Please note that a change in the length or dates of your reservation may result in a rate change.
- You may cancel your reservation for no charge until Wednesday, February 18, 2015 (3 day[s] before arrival).
- Please note that we will assess a fee of 292.67 USD if you must cancel after this deadline.

If you have made a prepayment, we will retain all or part of your prepayment. If not, we will charge your credit card.

### RATE GUARANTEE LIMITATION(S)

- Changes in taxes or fees implemented after booking will affect the total room price.
- Please note that a change in the length or dates of your reservation may result in a rate change.

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🛂 Gmail

Miami 2015

Jack Johnson < jackshousinganddevelopment@gmail.com>

## wd: Your Reservation Confirmation (MODIFICATION)

**ck Johnson** <jackshousinganddevelopment@gmail.com> : Madison Sample <msamplejr@gmail.com>

Tue, Dec 8, 2015 at 1:30 PM

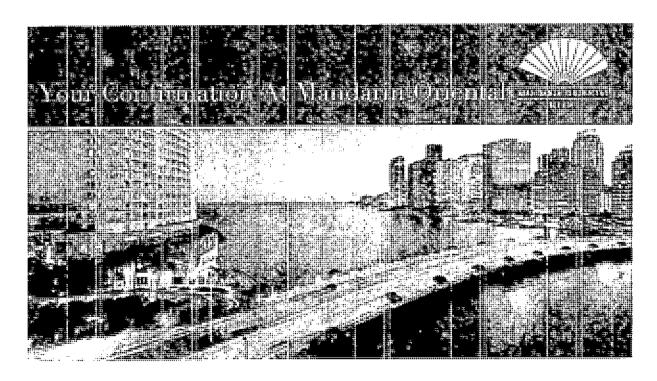
----- Forwarded message -----

From: momia-reservations@mohg.com <momia-reservations@mohg.com>

Date: Tue, Dec 8, 2015 at 1:23 PM

Subject: Your Reservation Confirmation (MODIFICATION)

To: jackshousinganddevelopment@gmail.com



Dear Sample

Thank you for booking at Mandarin Oriental, Miami. We are pleased to confirm your reservation as stated below. If we may be of any further assistance, please call or send us

## Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Páge 353 of 392 PageID #:416

an email.

We look forward to welcoming you soon.

Mandarin Oriental, Miami 500 Brickell Key Drive, Miami, Florida 33131, USA +1 (305) 913 8288 momia-reservations@mohg.com

Map & Directions

### Reservation Details

Dr. Madison And Mrs. Jackie Sample 9624 South Cicero Avenue #108, Oak Lawn, Illinois 60453, United States 773-719-0397 jackshousinganddevelopment@gmail.com

RESERVATION NUMBER 526SB110857

ARRIVAL Tuesday, December 15, 2015

DEPARTURE Sunday, December 20, 2015

GUESTS

2 Adults 0 Children

ROOM TOTAL USD 1,356

CHARGES USD 176 ROOM & RATE INFORMATION

Deluxe Bay View Room - Deluxe Bay View King Bed

More in Miami - Third Night Complimentary, free night included in Average Rate
Tuesday, December 15, 2015 USD 339
Wednesday, December 16, 2015 USD 339
Thursday, December 17, 2015 USD 0
Friday, December 18, 2015 USD 339
Saturday, December 19, 2015 USD 339

ENHANCE YOUR STAY ADD-ON

Total:

TRAVEL INFORMATION Arrival: x - Not Specified -

Departure: x - Not Specified -

If you have arranged for transportation, Concierge will confirm via a separate ernail. Please note transportation is not yet confirmed

ADDITIONAL INFORMATION Non smoking room, High floor, King bed, Early check-in requested DFW.BethAnn.12/7/15;10:59AM-1st time Below is your confirmation for Hotel Le Six! I have also attached your flight reservations to this e-mail.

Best,

Sara Purdy - Team Leader LaSalle & Jackson

175 West Jackson Blvd Chicago, IL 60604 p:312-922-2041 f:312-922-2344

e: PurdyS@libertytravel.com

Your feedback is important to us. In order to better serve your travel needs in the future, please click here to share your Liberty experience.

From: info@hotel-le-six.com [mailto:info@hotel-le-six.com]

Sent: Friday, June 19, 2015 6:58 PM

To: Purdy. Sara

Subject: Booking confirmed: Hôtel Le Six

#### Thank you for booking

Hôtel Le Six

This reservation is now confirmed

You may request to cancel your reservation online by clicking HERE You may request to modify your reservation online by clicking HERE

Booking Summary

Hôtel Le Six 14 Rue Stanislas Paris, Paris, 75006 France

Tel: +33 142 22 00 75 Email: info@hotel-le-six.com

Arriving: Sat 29-Aug-2015, Departing: Sat 5-Sep-2015 (7 nights)

Arrival Time: 12noon Party: 2 adults and 0 children

How to get there

BY METRO

Métro nº12 station Notre Dame des Champs

Métro nº4 station Vavin

Bus n°58 / n°68 / n°82 station Notre Dame des Champs

Bus n°91 station Vavin

Gare Montparnasse (TGV) 200 meters

RER B station Port Royal direct trains to Charles de Gaulle and Orly airports (30 minutes)

BY PLANE

REF: FRApurdys-1182133

Booked on: Jun 20, 2015. 01:55 CEST

view website

view location on map

Re: Booking confirmed: Hôtel Le Six

From: Jackie Johnson-Sample (salon119spa@yahoo.com)

PurdyS@libertytravel.com

Date: Thursday, July 30, 2015 at 07:31 AM CDT

Hi Sara

To:

Please call me today regarding booking tours.

Jackie Johnson

From: Jackie Johnson-Sample <salon119spa@yahoo.com>

To: "Purdy, Sara" < Purdy S@liberty travel.com>

Sent: Tuesday, July 28, 2015 7:08 AM

Subject: Re: Booking confirmed: Hôtel Le Six

Hi Sara

I'd like to book a few tours for Rome and France. Do you have any suggestions on day travel from Paris. I'm looking for day trips which are 2 hours or less each way. I attached a list of places. I probably wont need to buy advance tickets for all but I would like to if it will save us from standing in long lines. I would like to do a Cognac tour in Paris and a wine tour in both Rome and Paris. I also want to do to private tour of both citie as soon as we arrive, if time permits. I don't know how long those city tours are.

Please call me when time permits.

Thanks Jack (773)719-0337

From: "Purdy, Sara" < PurdyS@libertytravel.com>
To: Jackie Johnson < salon119spa@yahoo.com>

Sent: Tuesday, June 30, 2015 12:08 PM Subject: FW: Booking confirmed: Hôtel Le Six

Hi Jackie,

## 7 Case 1/24 Av-12470 Optempent # 1-1 Filed: 12/04/24 Page 356 of 392 Page D # 419 OICE

5865 McLaughlin Road, Unit 2B, Mississauga, Ontario, Canada, L5R 1B8

Invoice Number: 244418 Invoice Date: 2017-03-03

Sold To: MRS. JACKIE JOHNSON

9715 SOUTH CLAREMONT STREET CHICAGO, ILLINOIS 60643 USA Agent: Jury Krytiuk
Phone: (905) 755-0647
Fax: (905) 755-0729
Toll Free: 1-800-818-2004

## ITINERARY SUMMARY

Passengers: JOHNSON/JACKIE L MRS

Itinerary: 16MAR2017 Flight AA1317 CHICAGO OHARE - MIAMI INTERNTNL

16MAR2017 Flight AA 1345 MIAMI INTERNTNL - HAVANA 20MAR2017 Flight AA 2482 HAVANA - MIAMI INTERNTNL

20MAR2017 Flight AA1612 MIAMI INTERNTNL - CHICAGO OHARE

## **CHARGES**

	Supplier SUNSPOTS HOLIDAYS	Charge Type TICKET		Ticket Number 75695	Form of Pa CA 5581**	•
	Fare	G/HST	QST	Other Taxes	Item Total	Outstanding
	\$646.00	\$0.00	\$0.00	\$154.81	\$800.81	\$0.00
ı	•					

Supplier		Charge Type	_		Form of Pa	ayment
A. NASH TRAVEL		TRANSACTION FEE			CA5581**	*4395
	Fare	G/HST	QST	Other Taxes	Item Total	Outstanding
	<b>\$5</b> 0.00	\$0.00	\$0.00	\$0.00	\$50.00	\$0.00

## **TOTALS**

 Total Fare:
 \$696.00

 Total GST/HST:
 \$0.00

 Total QST:
 \$0.00

 Total Other Tax:
 \$154.81

 Invoice Total:
 \$850.81

 Total Outstanding Balance:
 \$0.00

Invoice Currency: Canadian Dollars

GST/HST #123-231-987 TICO #3012696 PNR #VLXRVE

## 4-Av-12470 Premilent #\_1-1-Filed: 12/04/24 Page 357 of 392 Page ID #420 Y

5865 McLaughlin Road, Unit 2B, Mississauga, Ontario, Canada, L5R 1B8

## **PASSENGERS**

#### JOHNSON/JACKIE L MRS

Checked baggage policies vary by airline, frequent flyer status, booking class, bag size and weight. Fees may apply if (1) you plan to check a bag or (2) you plan to early sports equipment or an odd shaped item or (3) your bag exceeds airline weight limits.

SYMBOL LEGEND

7/

Click where you see this image in your itinerary for weather at that airport.

Click where you see this image in your itinerary for the google map for your hotel.

Click where you see this image in your itinerary for that airline's check-in web page.

Click where you see this image for a coupon for airport parking in that city.

Click where you see this image to check if you can bid on upgrades for that flight.

AJRLINE: AMERICAN AIRLINES Flight Number: AA1317

Departing Terminal: Arrival Terminal:

Departure Date: 16MAR2017 (Thursday)

Booking Code: G

Departure Time: 705A

Arrival Time: 1110A

Departure City: CHICAGO OHARE Arrival City: MIAMI INTERNTNL

Online check-in is available within 24 hours of your departure by clicking here.

AIRLINE: AMERICAN AIRLINES Flight Number: AA1345

Departing Terminal:
Arrival Terminal:

Departure Date: 16MAR2017 (Thursday)

Booking Code: G

Departure Time: 121P

Arrival Time: 234P

Departure City: MIAMI INTERNTNL Arrival City: HAVANA

Online check-in is available within 24 hours of your departure by clicking here.

AIRLINE: AMERICAN AIRLINES Flight Number: AA2482

Departing Terminal:
Arrival Terminal:

Departure Date: 20MAR2017 (Monday)

Booking Code: L

Departure Time: 330P

Arrival Time: 443P

Departure City: HAVANA Arrival City: MIAMI INTERNTNL

Online check-in is available within 24 hours of your departure by clicking here.

## 2 Case 1 24-av-124 (C) Promisent # 1-1 Filed: 12/04/24 Page 358 of 392 Page DECE

5865 McLaughlin Road, Unit 2B, Mississauga, Ontario, Canada, L5R 1B8

Invoice Number: 244418 Invoice Date: 2017-03-03

Sold To: MRS. JACKIE JOHNSON

9715 SOUTH CLAREMONT STREET CHICAGO, ILLINOIS 60643 USA Agent: Jury Krytiuk
Phone: (905) 755-0647

Fax: (905) 755-0729 Toll Free: 1-800-818-2004

## **ITINERARY SUMMARY**

Passengers: JOHNSON/JACKIE L MRS

Itinerary: 16MAR2017 Flight AA1317 CHICAGO OHARE - MIAMI INTERNTNL

16MAR2017 Flight AA1345 MIAMI INTERNTNL - HAVANA 20MAR2017 Flight AA2482 HAVANA - MIAMI INTERNTNL

20MAR2017 Flight AA1612 MIAMI INTERNTNL - CHICAGO OHARE

## **CHARGES**

Supplier SUNSPOTS HOLIDAYS	Charge Type TICKET		Ticket Number 75695	Form of P CA5581**	•
Fare	G/HST	QST	Other Taxes	Item Total	Outstanding
\$646.00	\$0.00	⋅\$0.00	\$154.81	\$800.81	\$0.00

Supplier		Charge Type	уре			ayment
A. NASH TRAVEL	TRAVEL TRANSACTION FEE			CA 5581***4395		
	Fare	G/HST	QST	Other Taxes	Item Total	Outstanding
	\$50.00	\$0.00	\$0.00	\$0.00	\$50.00	\$0.00

## **TOTALS**

 Total Fare:
 \$696.00

 Total GST/HST:
 \$0.00

 Total QST:
 \$0.00

 Total Other Tax:
 \$154.81

Invoice Total: \$850.81
Total Outstanding Balance: \$0.00

Invoice Currency: Canadian Dollars

GST/HST #123-231-987 TICO #3012696 PNR #VLXRVE

## 24cv=12479;porument#11-1,Filed: 12/04/24 Page 359pt 992 Porument

5865 McLaughlin Road, Unit 2B, Mississauga, Ontario, Canada, L5R 1B8

**Invoice Number: 244418** 

Sold To: MRS. JACKIE JOHNSON

9715 SOUTH CLAREMONT STREET CHICAGO, ILLINOIS 60643 USA Invoice Date: 2017-03-03

**Agent:** Jury Krytiuk **Phone:** (905) 755-0647 **Fax:** (905) 755-0729

Toll Free: 1-800-818-2004

## **ITINERARY SUMMARY**

Passengers:

JOHNSON/JACKIE L MRS

Itinerary:

16MAR2017 Flight AA1317 CHICAGO OHARE - MIAMI INTERNTNL

16MAR2017 Flight AA1345 MIAMI INTERNTNL - HAVANA 20MAR2017 Flight AA2482 HAVANA - MIAMI INTERNTNL

20MAR2017 Flight AA1612 MIAMI INTERNTNL - CHICAGO OHARE

## **CHARGES**

Supplier	Charge Type		Ticket Number 75695	Form of Payment CA 5581***4395	
SUNSPOTS HOLIDAYS Fare	TICKET G/HST	QST	Other Taxes	Item Total	Outstanding
\$646.00	\$0.00	\$0.00	\$154.81	\$800.81	\$0.00

Supplier	-	Charge Type	Form of Payment			yment
A. NASH TRAVEL		TRANSACTION FEE			CA5581**	*4395
	Fare	G/HST	QST	Other Taxes	Item Total	Outstanding
	\$50.00	\$0.00	\$0.00	\$0.00	\$50.00	\$0.00

## **TOTALS**

 Total Fare:
 \$696.00

 Total GST/HST:
 \$0.00

 Total QST:
 \$0.00

 Total Other Tax:
 \$154.81

 Invoice Total:
 \$850.81

 Total Outstanding Balance:
 \$0.00

Invoice Currency: Can

Canadian Dollars

GST/HST #123-231-987 TICO #3012696 PNR #VLXRVE

5865 McLaughlin Road, Unit 2B, Mississauga, Ontario, Canada, L5R 1B8

## **PASSENGERS**

#### JOHNSON/JACKIE L MRS

Checked baggage policies vary by airline, frequent flyer status, booking class, bag size and weight. Fees may apply if (1) you pian to check a bag or (2) you plan to carry sports equipment or an odd shaped item or (3) your bag exceeds airline weight limits.

SYMBOL LEGEND

Click where you see this image in your itinerary for weather at that airport.

Click where you see this image in your itinerary for the google map for your hotel.

Click where you see this image in your itinerary for that airline's check-in web page.

Click where you see this image for a coupon for airport parking in that city.

Click where you see this image to check if you can bid on upgrades for that flight.

AIRLINE: AMERICAN AIRLINES Flight Number: AA1317

Departing Terminal:
Arrival Terminal:

Departure Date: 16MAR2017 (Thursday)

Booking Code: G

Departure Time: 705A

Arrival Time: 1110A

Departure City: CHICAGO OHARE Arrival City: MIAMI INTERNTNL

Online check-in is available within 24 hours of your departure by clicking here.

AIRLINE: AMERICAN AIRLINES Flight Number: AA1345

Departing Terminal: Arrival Terminal:

Departure Date: 16MAR2017 (Thursday)

Booking Code: G

Departure Time: 121P

Arrival Time: 234P

Departure City: MIAMI INTERNTNL Arrival City: HAVANA

Online check-in is available within 24 hours of your departure by clicking here.

AIRLINE: AMERICAN AIRLINES Flight Number: AA2482

Departing Terminal:
Arrival Terminal:

Departure Date: 20MAR2017 (Monday)

Booking Code: L

Departure Time: 330P

Arrival Time: 443P

Departure City: HAVANA Arrival City: MIAMI INTERNTNL

Online check-in is available within 24 hours of your departure by clicking here.

5865 McLaughlin Road, Unit 2B, Mississauga, Ontário, Canada, L5R 1B8

AIRLINE: AMERICAN AIRLINES

Flight Number: AA1612

Departing Terminal:
Arrival Terminal:

Departure Date: 20MAR2017 (Monday)

Booking Code: L

Departure Time: 626P

Arrival Time: 849P

Departure City: MIAMI INTERNTNL

Arrival City: 🚫 CHICAGO OHARE

Online check-in is available within 24 hours of your departure by clicking here.

### **GENERAL REMARKS**

THANK YOU FOR USING A NASH TRAVEL 905-755-0647 OR 1-800-818-2004 MON-FRI 0830-1900 EASTERN TIME

DUE TO FEDERAL REGULATIONS A GOVERNMENT ISSUED PHOTO ID IS REQUIRED FOR ALL DOMESTIC FLIGHTS AT CHECK IN. A VALID PASSPORT IS \*MANDATORY\* FOR ALL INTERNATIONAL TRAVEL.

WHEN TRAVELLING ON ELECTRONIC TICKETS, AIRPORT SECURITY REQUIRES PASSENGERS TO HAVE A COPY OF THEIR ITINERARY /INVOICE WITH TICKET NUMBER TO PROVE AN ELECTRONIC TICKET HAS BEEN ISSUED.
INTERNATIONAL CHECK-IN SHOULD BE DONE THREE HOURS PRIOR TO DEPARTURE.

PURCHASE CONTRACTS ON THIS INVOICE DO NOT PERMIT PRICE INCREASES.

IF YOU ARE TRAVELLING OUTSIDE OF CANADA, PLEASE BE AWARE THAT ENTRY TO ANOTHER COUNTRY MAY BE REFUSED EVEN IF THE REQUIRED INFORMATION AND TRAVEL DOCUMENTS ARE COMPLETE AND THAT LIVING STANDARDS AND CONDITIONS THERE WITH RESPECT TO THE PROVISION OF UTILITIES, SERVICES AND ACCOMMODATION MAY DIFFER FROM THOSE FOUND IN CANADA.

#### \*\*\*\*IMPORTANT INFORMATION \*\*\*\*

THE REGISTRATION COUNTER WILL CLOSE ONE HOUR PRIOR TO DEPARTURE. PASSENGERS ARE RESPONSIBLE FOR CHECKING THEIR FLIGHT TIME WITHIN 24 HOURS PRIOR TO DEPARTURE AND RETURN. IF PURCHASING AIR ONLY YOU HAVE TO PROVIDE US WITH YOUR PHONE NUMBER AT DESTINATION DURING YOUR STAY IF WE EVER NEED TO CONTACT YOU.

BY CUBAN LAW, ALL TRAVELLERS \*MUST\* HAVE MEDICAL INSURANCE WHEN TRAVELLING TO CUBA.

Insurance is pending subsequent information.

e e	Gma	

Jack Johnson < jackshousinganddevelopment@gmail.com>

### nank you for choosing The Geneva Inn!

nessage

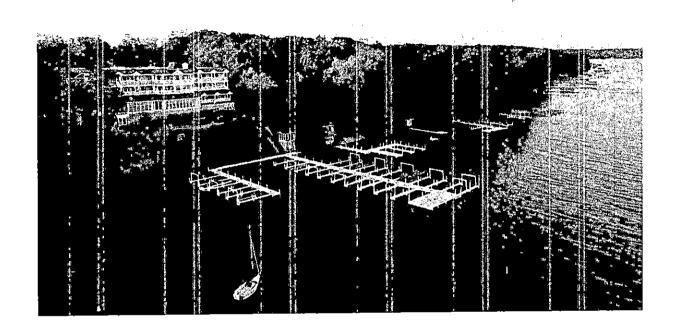
e Geneva Inn <inquiry@genevainn.com>
ply-To: inquiry@genevainn.com
Jackie Sample <jackshousinganddevelopment@gmail.com>

Thu, May 23, 2019 at 12:21 PM

View in Browser

The GENEVA INN

\_\_\_ on the lake \_\_\_\_



# Reservation Confirmation

Name: Jackie Sample

Reservation Number: 58837

**Arrival:** May 25, 2019

Departure: May 27, 2019

Number of Adults: 2

Number of Children: 0

Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 364 of 392 PageID #:427

Room Type: Luxury Lake View Suite

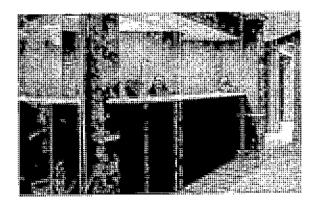
Total Cost of Stay: \$ 667.82

Including Taxes & Fees

### Thank you for choosing The Geneva Inn!

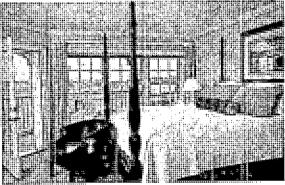
Please read additional details regarding your stay below and contact us at inquiry@genevainn.com or 262-248-5680 with any questions or concerns.

We look forward to welcoming you!



Check-In
Any time after 3:00 P.M.

Check-Out By 11:00 A.M.



Cancellations must be made by 3:00 PM at least 72 hours prior to your scheduled arrival.

Cancellations within the 72 hour time frame are subject to first night rate + tax.

Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 365 of 392 PageID ##428,500



Jack Johnson < jackshousinganddevelopment@gmail.com>

### dEx Shipment 774963992094 Notification

ikiki Concierge <waikiki.concierge@trumphotels.com>jackshousinganddevelopment@gmail.com

Sat, Apr 13, 2019 at 8:08 PM

Noha Ms. Sample,

hank you for staying at Trump International Hotel Waikiki.

'our package is scheduled to be picked up on Monday, April 15<sup>th</sup> .

should you have any other questions, please do not hesitate to contact us.

/lahalo

#### **IANAE SAKAMOTO**

Concierge 1: 808.683.7431 | F: 808.683.7788

RUMP INTERNATIONAL HOTEL WAIKIKI

23 Saratoga Road Honolulu, HI, 96815

XPLORE OUR DESTINATIONS

https://sites.google.com/a/trumphotels.com/trump-soho-public-photo/twitter/twitter%20small.png?attredirects=0 https://sites.google.com/a/trumphotels.com/trump-soho-public-photo/facebook/facebook%20small.png?attredirects=0 https://sites.google.com/a/trumphotels.com/trump-soho-public-photo/instag/instagram%20%281%29.png?attredirects=0

The Conty to has Level Bush But Star Horolon Oalns TRUMP INTERNATIONAL HOTEL

MEVER SETTLE

### eTicket Receipt

#### **Prepared For** SAMPLE/JACKIE MRS

RESERVATION CODE

ISSUE DATE

TICKET NUMBER

ISSUING AIRLINE

ISSUING AGENT

ISSUING AGENT LOCATION **IATA NUMBER** 

CUSTOMER NUMBER

**KJNLNW** 

10Jun17

9998625870434

AIR CHINA LIMITED

Artun Travel/ALD

CHICAGO IL

14509261

3122631991

### **Itinerary Details**

**TRAVEL** 

DATE

19Aug17

**AIRLINE** 

AIR CHINALIMITED CA979

DEPARTURE

BEIJING, CHINA

Time

7:35pm Terminal

**TERMINAL 3** 

**ARRIVAL** 

BANGKOK

SUVARNABH,

THAILAND

Time

11:40pm

OTHER NOTES

Class ECONOMY

Seat Number CHECK-IN

REQUIRED

Baggage Allowance 1PC

**Booking Status** CONFIRMED

Fare Basis SLOWAA9 Not Valid After 31MAR

Please contact your travel arranger for fare details.

### Positive identification required for airport check in

#### Notice:

PASSENGERS ON A JOURNEY INVOLVING AN ULTIMATE DESTINATION OR A STOP IN A COUNTRY OTHER THAN THE COUNTRY OF DEPARTURE ARE ADVISED THAT INTERNATIONAL TREATIES KNOWN AS THE MONTREAL CONVENTION, OR ITS PREDECESSOR, THE WARSAW CONVENTION, INCLUDING ITS AMENDMENTS (THE WARSAW CONVENTION SYSTEM), MAY APPLY TO THE ENTIRE JOURNEY, INCLUDING ANY PORTION THEREOF WITHIN A COUNTRY. FOR SUCH PASSENGERS, THE APPLICABLE TREATY, INCLUDING SPECIAL CONTRACTS OF CARRIAGE EMBODIED IN ANY APPLICABLE TARIFFS, GOVERNS AND MAY LIMIT THE LIABILITY OF THE CARRIER.

Important Legal Notices

PREPARED SO: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 367 ALA92 RegeID #:430

SAMPLE/MADISON JR JOHNSON SAMPLE/JACKIE MRS ARTUN TRAVEL

312-263-1991 info@artuntravel.com

RESERVATION CODE KNJWHF

AIRLINE RESERVATION CODE 2Y4EK3 (JL), KX8YJD (TG)



DEPARTURE: MONDAY 14 AUG Please venty flight times prior to departure

JAPAN AIRLINES

JL 0022

Duration: 3hr(s) 35min(s)

Class: Economy

Status: Confirmed PEK

BEIJING, CHINA

Departing At: 4:30pm

Terminal: TERMINAL 3 **HND** 

TOKYO HANEDA, JAPAN

Arriving At: 9;05pm

Terminal: INTERNATIONAL TERMINAL Aircraft:

**BOEING 787-8 JET** 

Distance (in Miles): 1301

Stop(s): 0

Meals: Meals

Passenger Name:

» SAMPLE/MADISON JR

» JOHNSON SAMPLE/JACKIE MRS

Seats:

Check-In Required Check-In Required



DEPARTURE: SATURDAY 19 AUG Please verify flight times prior to departure

THAI AIRWAYS INTL LTD

TG 0683

Duration: 6hr(s) 30min(s)

Class: Economy

Status: Confirmed HND

TOKYO HANEDA JAPAN

Departing At: 10:35am

Terminal: INTERNATIONAL TERMINAL BKK

BANGKOK SUVARNABH, THAILAND

Arriving At: 3:05pm

Terminal: Not Available Aircraft:

**BOEING 744 JET** 

Distance (in Miles): 2851

Stop(s): 0

Meals: Meals

Passenger Name:

» SAMPLE/MADISON JR

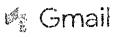
» JOHNSON SAMPLE/JACKIE MRS

Seats:

Check-In Required Check-In Required

Notes

Artun Travel 312-263-1991



Jack Johnson <jackshousinganddevelopment@gmail.com>

# e: Your Updated Reservation Confirmation # 68083729 at InterContinental.

nessage

Idison Sample Jr <msamplejr@gmail.com>
Artun Travel <info@artuntravel.com>
: JACKSHOUSINGANDDEVELOPMENT@gmail.com

Tue, Jul 25, 2017 at 10:00 AM

et me know when done. Thanks.

3ent from my iPod

Madison Sample Jr MD

On Jul 21, 2017, at 9:51 AM, Madison Sample Jr <msamplejr@gmail.com> wrote:

Please apply our IHG Rewards #289925593 to our reservation.

Sent from my iPod

Madison Sample Jr MD

On Jul 18, 2017, at 4:03 PM, Artun Travel <info@artuntravel.com> wrote:

From: InterContinental Reservations [mailto:Reservations@InterContinental.com]

Sent: Tuesday, July 18, 2017 4:03 PM

To: levent@artuntravel.com

Subject: Your Updated Reservation Confirmation # 68083729 at InterContinental.

InterContinental

# Reservation Updated.

Reservations | Locations | Customer Care | Ambassador



InterContinental Bangkok 973 Ploen Chit Road Pathum Wan Bangkok, 10330 MODIFY RESERVATION

**CUSTOMER CARE** 

Hotel Front Desk: 66-2-6560444

DOWNLOAD THE IHG® APP

Guest Name: Jackie Sample

CANCEL RESERVATION

Check In: Check Out: Rooms: Adults:

19/08/17 - 26/08/17 1 2

03:00 PM 12:00 PM

### the contradiction to a 3311 1729 Select your grefuld ites before your skey

1 King Bed Grande Deluxe

. اعل<sup>ان</sup>تس

Rate Type: Best Flexible Rate

Number of Rooms: 1

Upgrade your IHG® Rewards Club membership to enjoy exclusive benefits at

InterContinental® Hotels &

Resorts.

Room Rate Per Night:

Sat 19 Aug 2017 - Sat 26 Aug 2017

\$6,163.43 (THB)

Total Fees:

\$4,314.38 (THB)

Learn More

**Total Taxes:** 

\$3,322.06 (THB)

Rate your Service

. . .

Thank you for calling our Reservations department. Please provide feedback for your phone representative.

**Estimated Total Price:** 

\$50,780,45 (THB)\*

Give Your Feedback

### YTB Travel Network Reservation

From: YTB Travel Network Customer Support (service.tpn@cs.travelpn.com)

SALON119SPA@YAHOO.COM To:

Date: Wednesday, January 8, 2014 at 09:25 PM CST

# thank you!

travel reservation confirmation

Dear Jackie.

Thank you for booking your travel through YTB Travel Network.

Your trip to Sydney, NS Australia (SYD) is confirmed. A summary of your reservation is provided below. Please be sure to:

- Review your trip details
- Confirm your special request or meal request with the airline
- Read the instructions and policies listed below
- Print this email for your records
- Contact us immediately if any issues arise with your reservation before or during your trip.

Your YTB Travel Network Trip ID is: 4400 8718 1994

Your phone number for this trip: 773-719-0337

Ticket(s) issued on Wed, Jan 8, 2014 at 09:25 PM CST.

This is an e-ticket, so no paper ticket will be sent. What is an e-ticket? In addition, flight schedules may be changed by the airline.

100

Primary Contact: Jackie Johnson

Flight: 2 One-Way Tickets All flight times are local to each city. Change/cancel Flight

For your boarding pass, use reference code YOCZ4J for online or airport check-in.

Fri. Feb 7, 2014

Nadi, (NAN) to Sydney Kingsford Smith Airport, (SYD)

Depart: 09:00 AM Arrive: 12:30 PM

Nadi, Fiji (NAN) to Sydney, NS Australia (SYD)

Fiii Airwavs Flight 911 (on Airbus A330-200)

Baggage fees: In most cases, the applicable baggage fees and allowances for the entire trip will be those of the first carner listed on your itinerary, Fiji Airways. However, in a limited number of multiple carrier itineraries for international travel, the first carrier may apply the fees and allowances of another carrier listed on your itinerary. For more information, including detailed baggage allowances and fees by carrier, please click here. If you need additional information regarding baggage allowance and fees, please contact the first carrier listed on your itinerary.

**Ticket Number** Frequent Flyer Information Passenger Name You can add your frequent flyer number at the airport. 2607372819444 JACKIE JOHNSON MADISON JR SAMPLE You can add your frequent flyer number at the airport. 2607372819443

194 " royal hilloman" ii

The TSA has determined that liquids, aerosols and gels, in limited quantities, are safe to bring aboard an aircraft. When packing, please follow these guidelines:

- All liquids, gels and aerosols must be in 3.4 ounce (100ml) or smaller bottles.
- All containers must fit in one quart-sized, clear, plastic, zip-top bag.
- Each passenger is allowed only one bag.
- Each bag must be placed in its own screening bin and X-rayed separately.
- If you are carrying on larger amounts of prescriptions liquid medications, baby formula, and/or diabetic glucose treatments, you must declare these at the security checkpoint.

Arrive at the airport early. Enhanced security measures may mean longer lines at security checkpoints.

This new security policy applies to all domestic and international flights departing from U.S. airports. We always recommend checking the TSA Web site (www.tsa.gov) for the most up-to-date information about security procedures. If you are departing from a non-U.S. airport, be sure to check that airport's security policies and pack accordingly.

Instructions and Policies

**General Policies** 

Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 373 of 392 PageID #:436

Attorney Tom Pa... 6

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Bank of America 3

Best Buy 2015

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Coach - Coach

Colleen M. Henes

Common Wealth... 6

Community Dev... 9

Contractor-Fire Spri...

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Contractor-Video Su...

Cook County Treasur

Craigslist

Dearborn Architects

DMETEK

Dorian Johnson

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e-rewards

Equipment List

Ernest Fenton.

Ewa Romanowska-...

Far South Cham... 5

Shirley & John Rozell 312-203-6613 www.igytravel.ccm www.joyzottravel.com

www.yourshoppingdealz.com

JACKIE & M....xis

1943

SAMPLES TRAVEL FEB2014

\$5,346,12

\$0,319.07

\$187.00

3185.20

\$8.890.27

2/8/14 Trip ID# FLIGHT 1: Travel date one way fight \$1,618.56 440087181547 (1)# 2271 (2)# 7163 20A/28B American GZBLCB To Fili NAN 2/3/14 From Chi FULLITATION 638.30 440087181994 # 911 TO SYDNEY-SYD 2/7/2014 From NAN VIRGIN AUSTRALIA 204.38 440007184865 #808 2/7/2014 FROM SYD TO MELBOURNE-MEL 2G85:38 440087189721 (1)# 93 (2)# 1438 25A/75B

**OANTAS AIRWAYS** 2/15/2014 FROM MEL TO CHE # DSB3TR FLIGHT TOTAL

RAFFLES GATEWAY 2(7)2014 FLB 2/5/2014 2/12/2014 SYDNEY

\$227.28 WCT439098683 INTERCONTINENTAL THE RIALTO HOTEL TOTAL

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1884.15 WCT810755140 U60.52 G6520102 665165511 \$2,971.95

confirmation # Hotel Confir

10216625615

1800-826-4919 Printer# 915836540 Viator (Transfer) Roterance# 34746785 Sydney vaucher #56093417 Airport to Hotel

call#Sunbus 61 39609 6888

Sydney vuuriher #56093457 Hotel to Amport Mclboumu voucher#56093476 Airport to Hotel

call#Surbus 03 9689 6889

TRIP TOTAL

emergency # 0432 B41 454

2/15/2014 WELBOURNE

QUEENS ROAD NADI, FJ

2/7/2014

2/12/2014

RAFFLES GATEWAY HOTEL CK IN 12:00 Hoon CK OUT 10:00 am

1679 672 2144

DEWARD# 2:0905031

INTERCONTINENTAL SYDNEY CK IN 3:00PM CK OUT 11:00 km

SYDNEY, NSW 2000AU

18003152621 CK IN 3:00PM CK OUT 11:00 am

Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 374 of 392 PageID #:437

2014

Reservations | Explore Hotels | Customer Care | Ambassador

Composition, or.

# Your Reservation with InterContinental

Your Confirmation Number is 66516590.

Below you will find helpful information about your InterContinental reservation. Your satisfaction is our top priority, so please let us know if there is anything we can do to make your stay more rewarding.

Mose of the this course leading

Guest Name:

JACKIE JOHNSON

Number of Rooms:

Room Type:

1 KING DELUXE

Rate Type:

IHG® Special

Number of Guests:

2 adult(s)

Check-In:

Wed 12 Feb 2014 03:00 PM

Check-Out:

Sat 15 Feb 2014 11:00 AM

Rate Description:

Special savings for staying multiple nights. Reservation requires full prepayment for the entire stay at time of booking. Prepayment is

non-refundable. Prepayment is charged to

MODITY RESPONDING

CANCEL BUTT WHEN

YEAW ALL RESIDENCES

**扩展设施设施**设置。1944年

山底铁矿 成分针粉 机进筑铁体

Appendance of Contraction CIUD morniverally to only axiousive ometime at

credit card between the time of booking and day

of arrival.

Daily Valet Parking Fee: \$50.00 (AUD)

Cancellation Policy:

A deposit for the entire stay is due at time of booking. Canceling your reservation or failing to arrive will result in forfeiture of your deposit. Taxes may apply. Failing to call or show before check-out time after the first night of a reservation will result in cancellation of the

remainder of your reservation.



#### MELBOURNE THE RIALTO

495 Collins Street Melbourne 3000

Front Desk: 61-3-86271400

Room Rate Per Night: Wed 12 Feb 2014 - \$296.10

(AUD)

Thu 13 Feb 2014 - \$271.80

(AUD)

Fri 14 Feb 2014 - \$279.90

(AUD)

Hotel Fees: \$12.72 (AUD)

Estimated Total Price: \$860.52 (AUD)

View Cancellation Policy and Complete Room & Rate Details

essentables out details a fluorist.

1 Servi White

# Local Information and Attractions

Learn about things to see and do near your hotel.

See What's Nearby

Explore dining options at the hotel and in the nearby area.

See Dining Options

### **Driving Directions to Your Hotel**

Travelling to the Intercontinental Melbourne The Rialto from the NORTH Travelling along the Hume Highway continue as it changes to Sydney Road. Continue along Sydney Road it will change to Royal Parade, travel 2.5km. Continue along Royal Parade it will then change to Elizabeth Street, travel 0.1km. At the roundabout take the 2nd exit onto Peel Street, travel 0.8km. At the roundabout exit onto William St. Continue along William Street, travel 1km. Turn left on Flinders Lane, travel 0.1km. Turn left again on Market Street travel 0.3km. Turn left on to Collins Street, travel 0.4km. Travel along

# Exclusive Deals & Updates

Sign up to receive email updates from InterContinental. Be the first to know about exclusive offers,

⊮ Gmail	
---------	--

Jack Johnson <jackshousinganddevelopment@gmail.com>

our reservation is confirmed

Mil wake

\$1,500

Sun, Feb 16, 2020 at 12:11 PM

e Pfister Hotel <reservations@thepfisterhotel.com>
ply-To: The Pfister Hotel <reservations@thepfisterhotel.com>
Jackie Sample <jackshousinganddevelopment@gmail.com>

View in browser

The Plister's

[ hotel

Dear Jackie Sample,

We are delighted that you chose The Pfister Hotel and look forward to making your stay here memorable. It is our pleasure to confirm the details of your reservation below.

FLEASS WIT US YOUR PREFERENCES

Sincerely,

Pfister Reservations

divider

### CONFIRMATION DETAILS

Confirmation

R2TLUESMR

**Guest Name** 

Jackie Sample

Arrival Date

Thursday, February 20, 2020

Departure Date

Saturday, February 22, 2020

Nightly Rate

\$179.01

Room Type

**Grand Tower King** 

The above rate(s) may not reflect all possible fees, additional charges or taxes associated with this reservation. For clarification regarding these charges, please contact our reservations department.



#### **OUR POLICIES**

Cancellation

Guest room reservations can be canceled without penalty until 3pm 2

days prior to your scheduled arrival. After that time, a cancellation

charge applies equal to one night's room rate.

Check-In Time

3:00 PM

**Check-Out Time** 

12:00 noon

Fwd: Marina Grand Resort Confirmation

From: Madison Sample Jr (msamplejr@gmail.com)

salon119spa@yahoo.com

Date: Sunday, September 6, 2020 at 12:09 PM CDT

Sent from my iPod

To:

Madison Sample Jr MD

Begin forwarded message:

From: Madison Sample Jr <msamplejr@gmail.com>

Date: September 6, 2020 at 11:51:20 AM CDT

To: "res@harborgrand.com" <res@harborgrand.com>
Subject: Re: Marina Grand Resort Confirmation

Thanks.

We need a king not 2 queens.

Sent from my iPod

Madison Sample Jr MD

On Sep 6, 2020, at 9:45 AM, "res@harborgrand.com" <res@harborgrand.com> wrote:

Dear Sample,

It is our pleasure to confirm your reservation.

Madison Sample

Res #:

10P2J6

### Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 379 of 392 PageID #:442

Arrival:

Thursday, September 17, 2020 Sunday, September 20, 2020

Depart: Type:

Marina Double Queen

Average Rate:

\$343.33

Total:

\$1030.00+tax

Check-in time is 4:00pm; check-out is 11am. Should you need to cancel your reservation, please notify us 72 hours prior to arrival for a full refund of your deposit.

For the comfort of all our guests, Marina Grand Resort is a non-smoking, no-pets property.

It is our mission to make your stay as pleasant and memorable as you can handle! Please feel free to give us a call or email us with any questions or requests. We look forward to your stay - thank you for choosing us.

Warm regards,

Mina Nelson Guest Services Representative

Directions <a href="http://www.marinagrandresort.com/sub\_pages/directions">http://www.marinagrandresort.com/sub\_pages/directions</a> Restaurant Reservations <a href="http://www.marinagrandresort.com/sub\_pages/directions">http://www.marinagrandresort.com/sub\_pages/directions</a> Things to Do <a href="http://www.marinagrandresort.com/activities">http://www.marinagrandresort.com/sub\_pages/directions</a> Things to Do <a href="http://www.marinagrandresort.com/activities">http://www.marinagrandresort.com/sub\_pages/directions</a>

Marina Grand Resort • 600 West Water Street • New Buffalo, MI • 877.945.8600 • marinagrandresort.com <a href="http://www.marinagrandresort.com/">http://www.marinagrandresort.com/</a>

M. Gmail

Jack Johnson <jackshousinganddevelopment@gmail.com>

# eservation Confirmation #75700523 for Aruba Marriott Resort & Stellaris Casino

Tue, Feb 16, 2021 at 4:17 PM

arriott Hotels & Resorts Reservations <reservations@res-marriott.com> ply-To: "reservations@res-marriott.com" <reservations@res-marriott.com> : jackshousinganddevelopment@gmail.com

ENHANCE YOUR STAY | SUMMARY OF CHARGES | CONTACT US

Our Top Priority — Our Guests: COVID-19 update and cancellation policy.



# Aruba Marriott Resort & Stellaris Casino

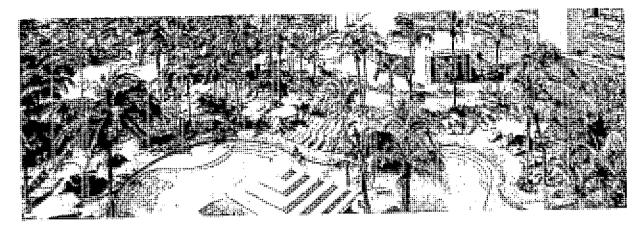
**t** +297-5-869000 ♀ L.G. Smith Boulevard # 101 Palm Beach Aruba

Thank you for booking with us, Jackie Sample.

Inspiration is waiting for you.

Sat, Mar 20, 2021 - Sat, Mar 27, 2021 Confirmation Number: 75700523





Check-In: Saturday, March 20, 2021 04:00 PM

Check-Out: Saturday, March 27, 2021 12:00 PM

### Important Information About Your Stay

In response to current travel advisories, this hotel may have modified hours or limitations on certain services and amenities. Learn More

Less Contact, More Convenience with the Marriott Bonvoy™ App >

Number of rooms

Guests per room 2 Adults

1 Room

Guarantee Method Credit card deposit Visa

Total for Stay (all rooms) 3,950.10 USD

Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 382 of 392 PageID #:445

D#:445 \$ 600°

崎 Gmail

Jack Johnson <jackshousinganddevelopment@gmail.com>

# ooking cancelled for Holiday Inn Express & Suites - Elkhorn - Lake Geneva Area, an IHG Hotel

nessage

pliday Inn Express & Suites - Elkhorn - Lake Geneva Area, an IHG Hotel <customer.service@booking.com>
ply-To: "Holiday Inn Express & Suites - Elkhorn - Lake Geneva Area, an IHG Hotel" <cs-noreply@booking.com>
iackshousinganddevelopment@gmail.com

Sat, Aug 7, 2021 at 3:37 PM

COTT

Confirmation number Sees 121868 Ph. cold 7457 &

# Your booking has been successfully cancelled for free

Dear Jackie Sample,

We can confirm that your reservation at Holiday Inn Express & Suites - Elkhorn - Lake Geneva Area, an IHG Hotel has been cancelled. You don't need to take further action, but if you have any queries for the property, their contact details are: +12627231888. The property is responsible for payment and they'll handle any refunds (if applicable) automatically.

### Holiday Inn Express & Suites - Elkhorn - Lake Geneva Area, an IHG Hotel

200 W. O'Connor Drive, Elkhorn, 53121, United States

CANCELLED

Phone: +12627231888

Email property

You booked for

2 adults

Check-in Saturday 7 August 2021

### Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 383 of 392 PageID #:446

Check-out

Sunday 8 August 2021

**Booking number** 

3553121883

PIN code

7407

### Terms of cancellation cost

Holiday Inn Express & Suites - Elkhorn - Lake Geneva Area, an IHG Hotel has agreed to waive the cancellation fee on this occasion. You will not be charged for this cancellation.

### **Total cancellation cost:**

<del>US\$ 299</del> US\$ 0

You might still receive notifications about this booking while our system is updating, but your booking is definitely cancelled.



### Still searching for your next trip?

Get access to lower mobile-only prices by booking on the app.

Get the app »

Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 384 of 392 PageID #:447

S Gmail

Jack Johnson <jackshousinganddevelopment@gmail.com>

# our Reservation Confirmation 2007121652 at Drury Plaza Hotel Milwaukee Downtown

nessage

Wed, Nov 9, 2022 at 5:57 PM

ury Hotels <reply@email.druryhotels.com> ply-To: "Drury Hotels Company, LLC" <reply-febf127773660379-103\_HTML-212170384-100005661-25057@email.druryhotels.com> jackshousinganddevelopment@gmail.com

To view this email as a web page, go here.

. NOTE: YOU CHAIR ON FORTHOR BOARD CONDITIONS OF THE STRY!

ENROLL NOW!



Hi, JACKIE, thanks for booking your stay with us at:

### Drury Plaza Hotel Milwaukee Downtown

700 N. Water Street Milwaukee, WI 53202

CONFIRMATION # 2007121652

ARRIVAL 11/10/2022

**DEPARTURE 11/13/2022** 

RESERVED FOR

**JACKIE SAMPLE** 

YOUR ROOM

2 Queen Beds Deluxe

Total for stay, including tax:

Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 385 of 392 PageID #:448

\$646.76

#### EARLY CHECK-IN

Arriving early? Enjoy early check-in starting at 10:00 AM for \$15 added to your stay. (Based on availability.) For additional information, click <u>here</u>.



A debit/credit card will be required to check in, Drury may place a hold on funds in your card account. The hold amount varies and can include the full anticipated price of the stay, plus a \$50 deposit for incidentals. Drury typically releases the hold upon check out after final payment has been received. After Drury releases the hold, there may be an additional 7 to 10 days before the funds are back in your account, at the discretion of your card issuer.

Please visit our website for information about payment methods.

#### ADDITIONAL CHARGES AND TAXES MAY APPLY:

PET FEE

\$40 daily fee, per room. Service animals are free of charge.

**DAILY PARKING** 

\$22

When you arrive, please check-in at registration at our entrance on Water Street prior to parking. After you receive your room keys, please pull ahead to our self-parking garage.



More Details



Hotel Information



**Get Directions** 



Book Another Reservation Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 386 of 392 PageID #:449

\$ 6,400

Gmail

Jack Johnson < jackshousinganddevelopment@gmail.com>

### ne Gospel Music Cruise Payment Confirmation

nessage

iervations@ecpcruises.com <reservations@ecpcruises.com> Jackie Johnson Sample <jackshousinganddevelopment@gmail.com> # 4,900 + excursions (5) nm of 1,500 Mon, Feb 15, 2016 at 9:35 AM



### **ENTERTAINMENT CRUISE**

PRODUCTIONS

Dear Jackie Johnson Sample,

We have successfully processed your payment.

Cruise: The Gospel Music Cruise 2016

Reservation #: 1093799 Payment Date: 02/15/2016 Payment Amount: \$1,550.00

Payment Method: Credit Card MasterCard-2594

Balance Amount: \$0.00

Thank you.

### Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 387 of 392 PageID #:450

Guest	Email	Preferences
Jackie Johnson Sample	jackshousinganddevelopment@ gmail.com	Dining Time: Main Dining T-Shirt Size: Womens S
Madison Sample Jr.	msamplejr@gmail.com	Dining Time: Main Dining T-Shirt Size: Mens L

### The Gospel Music Cruise 2016 (3/6/2016 - 3/13/2016)

Item	Category	Guest	Amount
10037 - Verandah	VQ Verandah Stateroom	Jackie Johnson Sample	\$2,700.00
SpiritRate2	ECP2		-\$600.00
Port Charges, Taxes & Gratuities	Port Tax and Gratuities		\$325.00
Fuel Surcharge Guaranty	Fuel Surcharge		\$25.00
10037 - Verandah	VQ Verandah Stateroom	Madison Sample Jr.	\$2,700.00
SpiritRate2	ECP2		-\$600.00
Port Charges, Taxes & Gratuities	Port Tax and Gratuities		\$325.00
Fuel Surcharge Guaranty	Fuel Surcharge		\$25.00
		Item Total:	\$4,900.00
	Jackie Johnson	Sample Responsibility:	\$4,900.00

Jackie Johnson Sample	Total:	\$4,900.00

Paid: \$1,800.00

Balance: \$3,100.00

Payment Due	Amount Due	Payment Method	Paid
11/6/2015	\$250.00	MasterCard-2594	\$250.00
12/15/2015	\$1,550.00	MasterCard-2594	\$1,550.00
1/15/2016	\$1,550.00	MasterCard-2594	
2/15/2016	\$1,550.00	MasterCard-2594	

#### TRAVEL INSURANCE

During the reservation process, you were presented with a travel insurance option. Please refer to the attachment for further details. Travel insurance is reflected on your invoice, if elected.

Please take the time periodically to visit the web site http://www.thegospelmusiccruise.com to learn about any cruise updates, special programs or other features. You will also be receiving our monthly newsletter.

To view your cabin location or to see the amenities and services provided on the m/s Eurodam please click the following link:http://www.hollandamerica.com/cruise-vacation-onboard/Eurodam

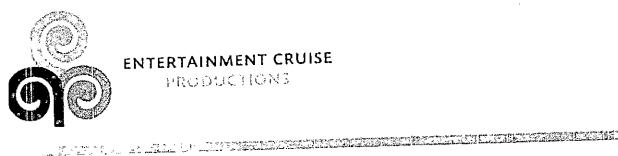
Gmail

Jack Johnson <jackshousinganddevelopment@gmail.com>

### el Music Cruise 2016 Confirmation

Mon, Jan 4, 2016 at 4:07 PM

ecpcruises.com <robin@ecpcruises.com> de Johnson Sample <jackshousinganddevelopment@gmail.com>



### ENTERTAINMENT CRUISE

PRODUCHONS

Thank you for booking The Gospel Music Cruise 2016! This email is a receipt for the payment made and a summary of the reservation details.

Reservation #: 1093799

Holland America Booking #: W6M7J

Jackie Johnson Sample

9624 S. Cicero #108 Oaklawn IL 60453 United States

#### **PAYMENTS**

All payments are 100% Non-Refundable. If paying by credit card, you will see the charge listed as "Entertainment Cruise Productions." Payments will be withdrawn automatically on the scheduled payment dates using the credit card from your initial deposit. If paying by check, please Make Checks Payable to The Gospel Music Cruise. If you wish to change your method of payment for any future payments, please contact our office, two business days prior to the scheduled payment date.

#### **INVOICE**

This is your invoice which contains the information you provided during the reservation process. It is important that you carefully review the invoice to make sure that all of the information is correct; that you fully understand all of the entries and that you are comfortable that your reservation has been properly recorded. Please contact us at any time with address updates, telephone changes or other new information that pertains to your reservation.

\$3,000

Gmail Gmail

Jack Johnson < jackshousinganddevelopment@gmail.com>

### wd: Boarding pass for confirmation PNXVG8

**ckie Johnson-Sample** <salon119spa@yahoo.com>
Jack Johnson <jackshousinganddevelopment@gmail.com>

Mon, Apr 4, 2016 at 10:19 AM

\$3,000

Sent from my iPhone

3egin forwarded message:

From: "United Airlines, Inc." <unitedairlines@united.com>

Date: April 4, 2016 at 9:59:23 AM CDT

To: salon119spa@yahoo.com

Subject: Boarding pass for confirmation PNXVG8

Boarding documents for the following traveler(s) are included with this email:

JACKIEL JOHNSON

Please use one of the following options to retrieve your boarding documents:

Option 1: Use your mobile boarding passes

Flight UA5940

Chicago-OHare (ORD) to Atlanta (ATL)

View boarding passes

Option 2: Print the attached boarding passes

The attachments are designed to be printed and cannot be displayed on your mobile device.

Option 3: Print your boarding documents from united.com or at an airport kiosk

Flights operated by United arrive and depart from Chicago (ORD) Terminals 1 and 2.

Notice regarding hoverboards

Please note that in the interest of safety for our customers and employees, we do not accept hoverboards as checked or carry-on baggage.

tlantic

### Case: 1:24-cv-12470 Document #: 1-1 Filed: 12/04/24 Page 390 of 392 PageID #:453

You can also change your seat assignment, switch flights and more by returning to united.com. Go to the check-in page http://checkin.united.com and enter your confirmation number to get started.

If your travel plans change, please go to united.com, use an airport kiosk, speak to a United representative at the airport or call 1-800-UNITED-1 (1-800-864-8331) for assistance.

Please note: Minimum required check-in and boarding times vary by airport. If you are not in the immediate boarding area at the required minimum time before departure, your reservations are subject to cancellation and you may not be eligible for denied boarding compensation. Review minimum required check-in and boarding times at http://united.com/web/en-US/content/travel/airport/process/default.aspx



Jack Johnson <jackshousinganddevelopment@gmail.com>

# wd: Confirmation for Dr Madison Sample

Tue, Jun 28, 2016 at 7:34 AM

adison Sample Jr <msamplejr@gmail.com>

: Jack Sample <jackshousinganddevelopment@gmail.com>

We are good to go!

This special rate is much better than their \$552/night rate.

We have a king bed. All carpet but we are in a newly renovated wing last year with new everything.

Sent from my iPod

Madison Sample Jr MD

Begin forwarded message:

From: Fairmont Hotels & Resorts <SHP@hotelstay.fairmont.com>

Date: June 28, 2016 at 7:32:25 AM CDT

To: <msamplejr@gmail.com>

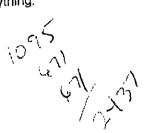
Subject: Confirmation for Dr Madison Sample

Reply-To: Fairmont Hotels & Resorts <concierge.southampton@fairmont.com>

Dear Dr Madison Sample,

Thank you for choosing Fairmont Southampton. While you are here, we hope you will be able to experience all that Southampton has to offer. Below, please find your reservation confirmation number and additional details.

As a valuable Fairmont President's Club member, we are pleased to provide you a suite of benefits to enhance your travel experience; including access to Great Rates Great Dates and Fairmont Moments as well as complimentary internet access and daily newspaper during your stays. We have further enhanced our ability to tailor your travel experience to what is important to you. Log on to select what you are most passionate about and explore all



<u>benefits of your membership</u> including those that await with Premier membership.

Best Regards,

Fairmont Southampton

Confirmation #

112381488

Block Name

Total Wealth Symposium

First Name

Madison

Last Name

Sample

Arrival Date

Tuesday, 13 Sep, 2016

Arrival Time

3:00 PM

Departure Date

Sunday, 18 Sep. 2016

Number Of Nights

5

Number Of Adults

?

Rate Per Room Per Night

USD 219.00 72 hours prior to arrival

Cancellation Policy
Cancellation Date to Avoid

Saturday, 10 Sep, 2016

Penalty

Cancellation Amount

USD 271.55

Local Currency

The amount may be subject to taxes, gratuities, resort levy or

other fees

Please note that the rate does not include 11.75% tax, \$13.41 per person per night Resort Levy, and gratuity of \$10.70 per person per night

Fairmont Southampton 101 South Shore Road Southampton Bermuda SN 02

Toll Free 1 866 540 4497 Tel +1 441 238 8000 Fax +1 441 238 8968

E-mail concierge.southampton@fairmont.com

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